Handbook for the Identification and Review of Students with Severe Disabilities 2012/2013

Alberta Government

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Section 1 – General Information

Introduction

Alberta Education provides funding to school authorities to support the development and implementation of programming for students with severe disabilities. The *Handbook for the Identification and Review of Students with Severe Disabilities* presents case studies to assist school authorities in identifying students who may be eligible for special education programming and services. Information related to severe disabilities funding requirements is in the *Funding Manual for School Authorities 2012-2013 School Year*.

Funding for students with severe disabilities in private schools, designated special education private schools and charter schools continues to be based on the approval of students on an individual basis.

NEW

Identification of students and the use of either the severe or mild/moderate special education codes continues to require a diagnosis and supporting assessment on file before the special education code is used. It is important that the special education codes only be used when there are documented disabilities. We do this in the best interests of the student and so that families and teachers are aware of the nature of the disability and what is being done to ensure the student has the maximum opportunity to learn. Special education codes should not be used when there is no substantiating documentation of a disability.

School authority personnel from private and charter schools should direct enquiries regarding the identification of students with severe disabilities and related funding to Inclusive Learning Supports Branch at (780)422-6326, toll-free in Alberta by first dialling 310-0000.

NEW

School Jurisdictions

- With the implementation of the new inclusive education funding model, Alberta Education no longer requires school jurisdictions to conduct formal, specialized assessments, or require updated medical diagnoses every three years. This requirement was part of the severe disabilities funding process and the audit procedures. As most severe disabilities are permanent in nature, the diagnosis will probably not change over time, although the student's functioning in the learning environment will likely change as the student grows and expectations change.

- There may be formal assessment requirements for AISH, PDD and federal funding support for students with disabilities who will be attending post-secondary institutions. Existing reports should be reviewed as part of the ongoing transition planning process.

- Decisions whether or not to update formal, specialized assessments should be made in consultation with the family and documented in the students Individualized Program Plan.

- In place of formal, specialized assessment, schools are encouraged to use a variety of assessment techniques and strategies to support the provision of programming.

NEW

Private and Charter Schools

- Requests for Severe Disabilities Funding for grades 1 to 12 are restricted to Private and Charter schools.

- The Edulink *Special Programs Branch Report (SERJ)* file is no longer required by Alberta Education. Student special education code information will be taken directly from school submissions through PASI for both September and March .

- There are now different documentation requirements for funding requests for newly identified students with severe disabilities and those for whom funding is being renewed based on approvals from previous years.

    - For new funding requests, recent formal diagnostic assessment reports from qualified professionals are required to document the student's disability.

    - For renewed funding requests, if the disability has not changed, schools may submit a functional assessment to document the impact of the student's disability in the learning environment.

- Alberta Education no longer requires that a diagnosis of a severe emotional/behavioural disability be made every two years. The original diagnosis from a qualified professional should be retained at the school level. Schools should continue to update programming and progress with school administered the functional behavioural assessment information approximately every three years. This timeframe can be adjusted to meet the needs of the student. Decisions about requesting a re-diagnosis should be made in consultation with the family and where appropriate the student. This change brings the diagnosis and assessment time frame for code 42 in line with all other severe disabilities codes.

- Medical documentation that provides a diagnosis from qualified professionals should continue to be retained by the school. Alberta Education does not have a requirement that this information be updated every three years as most severe disabilities are permanent in nature.

    - In place of updated medical documentation, if the disability has not changed, schools should conduct a functional assessment approximately every three years to update the impact of the student's disabilities within the learning environment. This timeframe can be adjusted to meet the needs of the student and may occur at natural transitions (e.g. from school to school, from one level of schooling to the next).

- For the purposes of severe disabilities funding claims, current assessments are those that have been conducted by a qualified professional within the last three to five years. Assessment reports for elementary students are expected to be more recent than 5 years.

- A one page summary by school staff of the student's current functioning is a new requirement for all severe disabilities funding requests. Examples are included with each code to assist school personnel in preparing documentation.

- The *Student Monitoring Form 2012/2013* has been revised to reflect all of these changes.

2012/2013 Severe Disabilities Funding Process at a Glance

REQUIREMENT	RESPONSIBILITY	ACTION	DATE
Student identification	All schools/school authorities	• Identify student registrations with a severe disabilities code in PASI • Resolve registration conflicts before sending information via PASI	Complete by Sept. 30, 2012 Submission by Oct. 3, 2012
Process for Private and Charter school authorities			
Identification of students to be monitored	Inclusive Learning Supports Branch	• Inclusive Learning Supports Branch provides Private and Charter schools with list of students to be monitored	Mid-October to mid-November 2012
Preparation of file documentation for monitoring	Private and Charter school staff	• Private and Charter schools complete Student Monitoring Form 2012/2013 and include – copies of recent assessment/ diagnostic reports – the IPP – one page summary of functioning • Send the file information to Inclusive Learning Supports Branch	Complete by mid-November 2012
Monitoring of student files	Inclusive Learning Supports Branch	• Review of student files	November 2012 to January 2013
Severe Disabilities Funding Payment based on September 30, 2012 enrollment	Inclusive Learning Supports Branch	• Private and Charter school authorities advised of number of approved students and next monitoring dates	End of January 2013
	School Finance Branch	• School Finance Branch advised of number of approved students and finalizes payments	
Submission of appeal of September funding	Private and Charter school principal	• Letter to Director, Inclusive Learning Supports – Do not submit new file, original files are used for appeals	January-February 2013
March Prorated Funding	Private and Charter school/school authority	• Identify students with severe disabilities who enroll after September 30, 2012. • Resolve any priority school conflicts. • Resolve registration conflicts before sending information via PASI • Resolve any transfer payments between private/charter schools.	Count as of March1, 2013 Submission by March 6, 2013

REQUIREMENT	RESPONSIBILITY	ACTION	DATE
Preparation of documentation for prorated funding monitoring	Private and Charter school staff	• Complete Student Monitoring Form 2012/2013 and include – copies of recent assessment/ diagnostic reports – the IPP – one page summary of functioning	Complete by mid-March 2013
Monitoring of student files	Inclusive Learning Supports Branch	• Review of student files submitted for March prorated funding	April-May 2013
Severe Disabilities Funding Payment based on March 1, 2013 enrollment	Inclusive Learning Supports Branch	• Private and Charter school authority advised of number of approved students and next monitoring dates	May 2013
	School Finance Branch	• School Finance Branch advised of number of approved students and finalizes payments	
Submission of appeal of March funding	Private and Charter school principal	• Letter to Director, Inclusive Learning Supports – Do not submit new file, original files are used for appeals	June 2013

Documentation Requirements

Charter schools, private schools, and designated special education private schools that receive funding from Alberta Education for students with severe disabilities must ensure that the following conditions are met.

- Funding for newly identified students with severe disabilities is based on all of the following requirements being met and implemented at the school level:
  - assessment and diagnosis by qualified personnel (note: diagnosis alone is not sufficient to qualify for funding)
  - documentation/assessment of the student's current level of functioning in the learning environment
  - a current individualized program plan (IPP) that addresses the student's diagnosed needs
  - identification of the types of supports and services being provided to the student.

- The IPP must be supported by appropriate medical, psychological or other professional documentation for each student with a severe disability identified and attending a school of the authority.

- Students with severe disabilities must receive three or more levels of support identified below:
  a) a minimum 0.5 FTE one-to-one instruction/intervention (e.g., teacher and/or teacher assistant time)
  b) specialized equipment or assistive technology
  c) assistance with basic care (e.g., toileting, grooming, catheterization)
  d) frequent documentation of medical and/or behaviour status
  e) direct support services at a cost to the system (e.g., behaviour specialist, orientation and mobility specialist).

- School authorities will use the severe disabilities categories/codes and related criteria outlined in *Special Education Coding Criteria 2012/2013* and the *Handbook for the Identification and Review of Students with Severe Disabilities 2012/2013* to determine a student's disabling condition for severe disabilities identification purposes.

- Eligibility for severe disability funding is based on student registration information, as of the count date (September 30, 2012), that has been submitted to PASI by October 5, 2012.

Appeal of Severe Disabilities Funding

Charter, Private, and Designated Special Education Private Schools

In situations where charter or private schools, including designated special education private schools, disagree with the outcome of the monitoring process for severe disabilities funding, an appeal of the decision(s) can be made to the Director of Inclusive Learning Supports Branch using the process outlined below.

- School staff review the monitoring decision to clarify the rationale for the appeal.
- School administrator writes the Director of Inclusive Learning Supports Branch to request an appeal of the decision(s) of the monitoring process.
- The request for an appeal must be received by Inclusive Learning Supports Branch within 10 working days of the school receiving written notification that the student was not approved for severe disabilities funding. Notification of the results of the monitoring process will be sent directly to the school principal via secure email.
- The appeal information submitted to the Director of Inclusive Learning Supports Branch must include:
  - student's name
  - severe disabilities code
  - Alberta Student Number (ASN).

- **No new information** can be added or considered during the appeal process.
- The originally submitted student documentation to support the appeal will be reviewed.
- After review of the appeal documentation, the reviewer may recommend that:
  - the original decision stands or
  - funding is approved.
- The final decision regarding the appeal will be made by the Director of Inclusive Learning Supports Branch and communicated in writing to the school authority and School Finance Branch.

Section 2 – Severe Disabilities Categories

Severe Cognitive Disability (Code 41)

Special Education Coding Criteria

A funded student with a severe cognitive disability is one who:

- has severe delays in all or most areas of development
- frequently has other disabilities including physical, sensory, medical and/or behavioural
- requires constant assistance and/or supervision in all areas of functioning including daily living skills and may require assistive technology
- should have a standardized assessment, which indicates functioning in the severe to profound range (standardized score of 30 ± 5 or less). Functional assessments by a qualified professional will also be considered in cases where the disabilities of the student preclude standard assessments
- has scores equivalent to the severe to profound levels on an adaptive behavioural scale (e.g., AAMR Adaptive Behaviour Scales-School: Second Edition (ABS-S:2); Vineland Adaptive Behaviour Scales; Scales of Independent Behaviour - Revised).

Questions and Answers

What are the main characteristics of a student who meets the special education coding criteria for a severe cognitive disability?

- The functional level is less than one third of his/her chronological age on a standardized adaptive behaviour scale.
- The student may also:
  - be medically fragile
  - require assistive technology
  - have autistic-like, aberrant behaviours
  - have limited, if any, receptive or expressive language.
- The student's level of dependency requires mostly one-to-one and hand-over-hand assistance to perform tasks for ambulation or daily living and functioning.
- These students usually require extensive supports and services including one-to-one teacher assistant time, assistance with basic care, and additional therapeutic services.
- It is unlikely that the student will acquire basic numeracy and literacy skills.

What documentation is required to determine the student meets the special education coding criteria?

- The use of adaptive behaviour scales to obtain functional ability scores in the severe to profound range is required. These students are not usually assessable using the WISC-IV or Stanford-Binet V.
- Once an initial diagnosis has been given and the student has a chronic disability that has not changed significantly, documentation from the Regional Educational Consulting Service providers (REACH, CASE, ERECS, RÉSEAU) or other personnel specializing in the field may be sufficient for programming and to provide an evaluation of functioning.

What other supporting documentation relevant to the student's disabling condition and programming requirements should be provided?

- Physical therapy reports, occupational therapy reports, speech-language therapy reports or medical reports.

For additional information please refer to the case study on pages 9 to 20.

Case Study — Brandon

Background information, description of severe disabling condition(s)	• Brandon is a seventeen-year-old student in a Life Skills Program at Uphill High School. • A recent AAMR Adaptive Behaviour Scales School: Second Edition and the Leiter International Performance Scale: Revised, were completed by S. Adams, Registered Psychologist, indicating that Brandon's intellectual functioning and adaptive functioning in January 2011 was less than one third of his chronological age. • Brandon is ambulatory, non-verbal and requires ongoing assistance with his personal care.
Current supports/services in place	• Brandon is in a special education class with nine students, a 1.0 FTE teacher and 3.0 FTE teacher assistants. • Brandon requires one-on-one assistance for personal care, feeding and communication. • In consultation with a speech-language pathologist, a Picture Communication Symbols (PCS) communication board has been developed. • Teacher assistant uses the Mayer-Johnson PCS program on a classroom computer to modify instructional materials to Brandon's level. • Brandon is receiving consultation support from an occupational therapist to assist with fine motor skills and feeding issues. • His family is also accessing support from Family Support for Children with Disabilities and the I CAN Centre at the Glenrose Rehabilitation Hospital.
Individualized Program Plan	• Brandon's IPP was developed by the learning team, including his parents. • Goals reflect his needs in communication, fine motor skills, personal care and life skills development.

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Student Monitoring Form Severe Disabilities Funding 2012/2013

New ☐ **Renewal** ☒

PLEASE CHECK CODE

☒ **41 Severe Cognitive**
☐ **42 Severe Emotional/Behavioural**
☐ **43 Severe Multiple**
☐ **44 Severe Physical or Medical, including Autism**
☐ **45 Deafness**
☐ **46 Blindness**

School Authority ABC Authority

School Uphill High School

Student Name Brandon

Alberta Student Number (ASN) xxxxxxxxx

Birth date (yyyy/mm/dd) 1995/07/15 **Grade** ungraded

Placement (describe) full time special education class

1. **Supporting Documentation from the appropriate professionals (please attach copies, plus copies of any additional recent assessment information)**

a. Diagnosis	**Year**	**Professional Conducting Assessment**
Intellectual and adaptive function <1/3 chronological age	Jan 2010	S. Adams, Registered Psychologist
b. Functional Assessment	**Year**	**Professional Conducting Assessment**

2\.

a. **The student requires which of the following in the learning environment because of his/her disabilities?**

☒ adapted/alternate materials
☒ modified instructional focus
☐ adjusted instructional level
☒ alternate communication
☐ specialized facility/furniture
☐ other

☒ increased supervision/assistance
☒ medical/personal care
☐ mobility/motor development
☐ ongoing or emergency medical plan (attach copy)
☐ behaviour plan (attach copy)

b. **Submit a one-page summary of school functioning.**

3. **Services provided in accordance with the *Funding Manual for School Authorities 2012-2013 School Year.* Identify three or more of the following supports from (a) to (e) that are being provided to the student**

a. **Frequent specialized one-on one intervention provided during 2012/2013**

Intervention	**hours per day**	**staff:student ratio**
specialized setting with teacher	7	1:9
small group work with teacher		
teacher assistant	7	1:3
interpreter		
other		

b. Specialized equipment and/or assistive devices provided during 2012/2013

☒ communication devices
☐ assistive technology/devices
☐ personal FM system
☐ other (specify)

☐ specialized furniture
☐ specialized software
☒ specialized equipment

c. **Assistance with personal care/health-related interventions provided by school staff during 2012/2013:**

☒ assistance with personal hygiene
☐ catheterization
☐ g-tube feeding
☒ other feeding program
☐ administration of medication
☐ Other (specify)

☐ lifts and transfers
☐ respiratory therapy
☐ management of equipment
☐ oxygen administration
☐ mobility training (walker, wheelchair)

d. Frequent documentation of behavioural and/or medical status during 20012/2013 through anecdotal records, checklists and/or medical logs (submit summary of behaviour status):

	Hourly	**Daily**	**Weekly**	**Monthly**
Behaviour is monitored				
Medical condition is monitored		x		

e. **Direct support services for the student at a cost to the system provided during 2012/2013 (**note: regularly scheduled services means the service must be provided to the student **5 or more hours** per year**)**

☐ assistive technology consultant
☐ audiologist
☐ behaviour specialist
☐ hearing consultant
☐ itinerant teacher
☐ nursing services
☒ occupational therapist
☐ orientation and mobility specialist
☐ other (specify)

☐ physical therapist
☐ registered psychologist
☐ school liaison worker
☐ school/guidance counsellor
☐ social worker
☐ special education consultant/lead teacher
☒ speech language pathologist
☐ vision consultant

4. DECLARATION

Relevant assessment documentation to support the claim is available, at least three of five supports listed in 3 a-3e are in place, a current IPP is included in the student's file, and the student meets the 2012/2013 severe disabilities coding criteria.

Sept 28/2012
Date

T. Jones
Signature of school authority designate

Summary of School Functioning

Student: Brandon **Date:** October 4, 2012
Grade: Ungraded **School:** Uphill High School **Teacher:** Ms. Jones

- Brandon is a young man who has severe developmental disabilities that affect all areas of functioning, and requires an educational program that focuses on developing greater personal independence. He enjoys contact with both peers and adults and is an enthusiastic participant in all school activities. He is in a life-skills program with other students with disabilities.

- He is ambulatory but somewhat clumsy, particularly when in a hurry. He is familiar with the school, and able to go from his classroom to the cafeteria, washroom and office with minimal supervision. Brandon tends to rush when eating, so requires supervision to ensure he chews his food properly, as well as to assist him use a fork and knife. He can dress independently providing the clothing does not have difficult fasteners, but requires light physical prompting to complete washroom and grooming routines.

- Brandon uses a communication board to express his basic needs and consistently uses 100 Mayer-Johnson graphic symbols; the board is updated each term. The speech therapist plans to introduce Brandon to a simple voice output communication aid (VOCA) this year to enable him to initiate contact with his friends and others.

- The focus of Brandon's programming continues to emphasize developing independence, but now he is in high school the focus is on the skills he will need as an adult in a supportive living setting such as personal care, food preparation and increased community awareness. These skills will be addressed both at school and at home. The occupational therapist is observing Brandon's current functioning in these areas and will be assisting school staff and his parents in programming and selecting assistive devices.

- Prompts are being reduced from hand-over-hand and physical prompts to an increased emphasis on verbal prompts. Also Brandon is being given the opportunity to make choices between more than two options. He continues to need extensive aide support, but this is being faded wherever possible.

Individualized Program Plan

Student Information

Student: SMITH, Brandon

Date of Birth: 07/15/1995
Age as of Sept. 1/2012: 17

Parents: Mr. and Mrs. John Smith
Date I.P.P. Created: September 10, 2012

Address: 1234–56 St
Anywhere, AB T0T 0T0

Phone #: (780) 111-1111

Eligibility Code: 41

Year of School/Grade: Ungraded special education class

Background information: Classroom context

School: Uphill High School

I.P.P. Coordinator and Classroom Teacher: Ms. Jones

Additional IPP Team Members:
Mr. and Mrs. Smith, parents
Mark Chatty, speech-language pathologist
Jody Helper, teacher assistant
Dorothy Pickle, occupational therapist

Background Information: Parental input and involvement

Brandon enjoys being around his peers and uses his communication board to exchange greetings. He is familiar with the school building and is able to go from his classroom to the cafeteria with minimal supervision. Brandon continues to need light physical prompts to initiate grooming routines but he responds positively to the assistance. During breaks and lunch, Brandon requires close supervision to ensure that he chews food thoroughly, as he tends to rush when eating. This year, the focus of programming is to prepare Brandon for entry into a supported living situation by mastering functional life skills with the greatest level of independence so that he has a positive transition into an adult setting two years from now.

Strengths

- imitates well
- likes to make people laugh
- very social and likes to be around people at school, home and in the community
- can consistently use 100 Mayer-Johnson graphics to make needs known to others

Areas of Need

- continue to develop communication skills
- development of pre-vocational skills
- develop food preparation skills
- gain independence performing simple routines

Medical Conditions that Impact Schooling	Coordinated Support Services
Brandon is in good health. Any medication he requires is administered at home and not during school hours. ☒ No current medical conditions that impact schooling	• Jody Helper, teacher assistant, is assigned to work with Brandon and two other students 7 hours/day. • Mark Chatty, speech-language pathologist, will make a visit at the end of each term to modify Brandon's augmentative communication board and will also support the introduction and trial with four simple voice output communication aids (VOCA). • Dorothy Pickle, occupational therapist, will observe Brandon in the classroom and during lunchtime and demonstrate basic care intervention techniques to Jody Helper, at the beginning of the first, third and fourth terms.

Assessment Data (Specialized Assessment Results)

Date	Test	Results
January 2010	• AAMR Adaptive Behaviour Scales: Second Edition • Leiter International Performance Scale: Revised	• adaptive behaviour rating and cognitive ability both scored significantly below his chronological age

Current Level of Performance and Achievement	Year-end Summary
September June 2012 assessments • classroom functional communication assessment – can consistently use 100 graphic symbols to express basic needs – consistently uses "yes" and "no" symbols during choice making activities • observation checklist of personal care skills – able to consistently maintain two hand grasp on a plastic mug or glass – requires hand-over-hand to use a fork, knife and spoon during lunch time – with light physical prompting can assist in completing grooming and washroom routines	**June**

Goal # 1

Long-term Goal: Brandon will be able to communicate choices.

Short-term Objectives	Assessment Procedures	Progress Review
By the end of November, Brandon will make choices in menu planning by pointing to an item in each food group with no errors or duplications/five trials per week.	• teacher/teacher assistant observation • checklist for data collection	November 30
By February, Brandon will select the program he wants from a list of 10 icons on the computer desktop, with 80% accuracy/four trials per week.	• teacher/teacher assistant observation • checklist for data collection	February 1
By mid May, Brandon will choose two of five students he wants to work with on four of five occasions/four trials per week.	• teacher/teacher assistant observation • checklist for data collection	May 15
By the end of June, Brandon will choose four of five students he wants to work with on four of five occasions/four trials per week.	• teacher/teacher assistant observation • checklist for data collection	June 30

Accommodations and strategies to support objectives

- Keep Mayer-Johnson graphics consistent for names of school staff, family members, and labelling items/objects.
- Use Boardmaker to adapt all curriculum areas and to create work sheets and tests.

Goal # 2

Long-term Goal: Brandon will demonstrate a working knowledge of signage commonly found in the community.

Short-term Objectives	Assessment Procedures	Progress Review
By October 30, when presented with a series of eight signs that direct (e.g., push, keep left), Brandon will point to the correct sign when verbally requested on five consecutive days.	• teacher/teacher assistant observation • checklist for data collection	October 30
By December 15, when presented with a series of 20 warning and safety signs (e.g., emergency exit, poison, no smoking), Brandon will point to the correct sign when verbally requested on four out of five days.	• teacher/teacher assistant observation • checklist for data collection	December 15
By the end of February, Brandon will be able to match pictorial representations of the 28 signs to signs in the school building, with 20 matches on four consecutive days.	• teacher/teacher assistant observation • checklist for data collection	February 28
By April 30, when presented with a series of 20 community signs (e.g., mail, restroom, use crosswalk), Brandon will point to the correct sign when verbally requested on five consecutive days.	• teacher/teacher assistant observation • checklist for data collection	April 30
By June 24, Brandon will demonstrate an understanding of directional safety and community signs by complying with the intent of the signs he encounters on any given day	• teacher/teacher assistant observation • checklist for data collection	June 24

Accommodations and strategies to support objectives

- Use Boardmaker to adapt all curriculum areas and to create work sheets and tests.

Goal # 3

Long-term Goal: Brandon will gain independence in simple routines.

Short-term Objectives	Assessment Procedures	Progress Review
By October 30, Brandon will get his own apron and join his cooking group, at each occasion, without prompting.	• teacher observation • checklist	October 30
By January 30, Brandon will look at his picture schedule and point to what comes next, eight times out of ten trials per day.	• teacher/teacher assistant observation • checklist	January 30
By April, Brandon will sequence 10 pictures illustrating preparation for school, nine times out of ten on three consecutive days.	• parent observation • teacher assistant observation • checklist	March 31
By June 30, Brandon will complete his work routine with a maximum of four verbal cues per routine (total compliance/five trials per week)	• teacher/teacher assistant observation • checklists	June 30

Accommodations and strategies to support objectives

- Requires hand-over-hand assistance to complete personal care routines.
- Use light, physical prompting to initiate tasks in a small group.
- Use Boardmaker to adapt all curriculum areas and to create work sheets and tests.

Goal # 4

Long-term Goal: Brandon will demonstrate an understanding of food safety and safe handling of kitchen utensils.

Short-term Objectives	Assessment Procedures	Progress Review
By October 30, when given a verbal prompt, Brandon will wash his hands before handling food without resistance each and every time	• teacher/teacher assistant observation • checklist	October 30
By January 30, Brandon will demonstrate hygienic washing of pots and pans, using a rinse cycle and the loading of a dishwasher completing the steps using only his communication board, 12 of 15 times.	• teacher/teacher assistant observation • checklist	January 30
By April, Brandon will sequence 10 pictures illustrating preparation for school, nine times out of ten on three consecutive days.	• parent observation • teacher/teacher assistant observation • checklist	April 1
By June 30, Brandon will complete his work routine with a maximum of four verbal cues per routine (total compliance/five trials per week).	• teacher/teacher assistant observation • checklist	June 30

Accommodations and strategies to support objectives

- Requires hand-over-hand assistance to complete personal care routines.
- Use light, physical prompting to initiate tasks in a small group.
- Keep Mayer-Johnson graphics consistent for names of school staff, family members, and labelling items/objects.
- Use Boardmaker to adapt all curriculum areas and to create work sheets and tests.

Planning for Transition

Mr. & Mrs. Smith are exploring options for community-based living arrangements for Brandon upon completion of high school. Due to the degree of independence required by many of the agencies, the focus of both home and school interventions will be on providing Brandon with the opportunity to master as many basic care routines and skills as possible over the next two years. Both school staff and parents will ensure that all assessments and reports are updated and submitted to the appropriate agencies so that Brandon receives necessary benefits upon completing high school. Brandon uses a static display communication board. To increase his opportunities to communicate with peers, he should be introduced to a simple voice output communication aid that is durable and portable, using the same Mayer-Johnson symbols and board arrangement. This should support him in becoming more confident and independent when initiating contact with friends and peers.

Additional Information

Arrange for trials of four simple VOCAs from the I CAN Centre, Glenrose Rehabilitation Hospital.

Signatures

I understand and agree with the information contained in this Individualized Program Plan.

Mr. & Mrs. Smith Parents	September 12, 2012 Date
Ms. Jones IPP Coordinator/Teacher	September 12, 2012 Date
Ms. I.M. Busy Principal	September 12, 2012 Date

Severe Emotional/Behavioural Disability (Code 42)

Special Education Coding Criteria

A funded student with a severe emotional/behavioural disorder is one who:

- displays chronic, extreme and pervasive behaviours, which require close and constant adult supervision, high levels of structure, and other intensive support services in order to function in an educational setting. The behaviours significantly interfere with both the learning and safety of the student and other students. For example, the student could be dangerously aggressive and destructive (to self and/or others), violent and/or extremely compulsive; and
- has a diagnosis including conduct disorder, schizophrenia or bipolar disorder, obsessive/compulsive disorders, or severe chronic clinical depression; and may display self-stimulation or self-injurious behaviour. In the most extreme and pervasive instances, severe oppositional defiant disorder may qualify.

A clinical diagnosis of a severe emotional/behavioural disorder by a psychiatrist, registered psychologist or a developmental pediatrician is required, in addition to extensive documentation by school authorities on the nature, frequency and severity of the disorder. The effects of the disability on the student's functioning in an education setting should be described. An ongoing treatment plan/behaviour plan should be available and efforts should be made to ensure that the student has access to appropriate mental health and therapeutic services.

A clinical diagnosis of a severe emotional/behavioural disorder is not necessarily sufficient to qualify under this category. Some diagnoses with behavioural components that are not sufficient to qualify are: attention deficit/hyperactivity disorder (ADHD), attention deficit disorder (ADD).

Note: Students diagnosed with fetal alcohol spectrum disorder (FASD), in the most severe cases, should be reported under Code 44 rather than Code 42.

Questions and Answers

What documentation is required to determine students meet the severe emotional/behavioural disability coding criteria?

- Documentation in the student's file should include the following type of information:
  - a behaviour assessment report that includes a specific clinical diagnosis
  - a one page summary of functioning that describes the nature, frequency and severity of the aberrant behaviour and the impact on learning
  - behaviour/ treatment plan.
- The clinical diagnosis of a severe emotional/behavioural disability is made by a psychiatrist or registered psychologist or developmental pediatrican.

What type of information may be included in a behaviour assessment report?

- The type of information typically found in a behaviour assessment report includes:
    - assessment/diagnostic information that clarifies and documents history which may have precipitated the current behaviours
    - recent medical history noting any medication that modifies the student's behaviour and further assessments/follow-up appointments
    - interviews/surveys (e.g., Behaviour Assessment System for Children, Second Edition (BASC-2) or Conners Rating Scales-Revised, filled out by parents, teacher(s), and student, if appropriate), that outline the concerns with the student's behaviour
    - documentation as to the nature, frequency and severity of the specific behaviour and steps taken so far to mitigate it
    - observations and assessment results from the psychiatrist/registered psychologist making the clinical diagnosis.

How much detail does Alberta Education require in the anecdotal documentation for students with severe emotional/behavioural disabilities? What is required?

- Alberta Education needs to know the specific behaviours the student exhibits that are extreme, pervasive and impact the educational setting. For example, what does a typical week look like?
- To document this, you could prepare a chart (see example on p. 24) that shows what the student's actual behaviours are and the frequency of these behaviours over a period of time.
- You may want to consider adding time of day to the chart in order to see if the student functions better in the morning or afternoon. This will help to determine what preventative strategies you need to put into place or what changes to routines or direct teaching of social or adaptive skills would benefit the student.
- The information gathered from checklists and anecdotal notes should assist in programming for each student and serve a functional purpose.
- The information should be summarized in point form.

How can I demonstrate that the student's behaviour is severe?

- A concise summary of anecdotal notes and checklists that describe the nature, frequency and severity of the student's behaviour at the time she or he was identified by the school authority, in addition to the behaviour assessment report,
- Documentation that describes the nature, frequency and intensity of the interventions that are needed to maintain appropriate student behaviour.
- Summary of behaviours and results of school interventions required to maintain or improve appropriate behaviours.

The student's behaviour has improved significantly with all the programming supports that are in place. Will the student still meet criteria?

- The student may continue to meet the criteria, provided that appropriate behaviours are maintained only because of the level and degree of supports and programming aligned with an appropriate diagnosis. This information should be recorded in the IPP.

Should the teacher/parent communication book and/or the teacher's daily checklist be included in the package for a student?

- Communication books and daily checklists are useful for sharing information with parents and tracking behavioural incidents, but they should not be included in the funding request package.

For additional information, please refer to the case study on pages 24 to 35.

Case Study — Harley

Background information, description of severe disabling condition(s)	• Harley is a fifteen-year-old boy in Grade 10 at Dry Creek High School. • Harley currently resides in a foster home near the school. • Harley was diagnosed as having bipolar disorder by Dr. Bunton in July 2009. • Harley is currently under the care of Dr. Panwhar, psychiatrist, who has prescribed medication to help control Harley's episodes. • Some of the features of Harley's behaviours that impact his learning at school include: – truancy – failure to complete school assignments – anxiety attacks – depression – mood swings, manic episodes (e.g., grandiose talk, agitation, withdrawal) – extreme withdrawal, no peer relations, unresponsive, constant crying – self-injurious behaviour.
Current supports/services in place	• Harley is in a regular Grade 10 program. He has a teacher assistant for three hours each day for one-on-one support. • He receives one-on-one counsellor support for one half-hour each day from the school counsellor, who also is trained in management of emotional and behavioural disorders. • A behaviour specialist and a learning coach work with the teachers and educational assistant on a monthly basis to review and revise behavioural and academic programming strategies. • The school counsellor has regular contact with Harley's psychiatrist, who also is part of Harley's support team. • Harley meets with his psychiatrist monthly. • Harley also has regular meetings with the social worker in charge of his case.

Individualized Program Plan	• Harley's IPP was developed by the learning team, in consultation with his legal guardian, psychiatrist, special education consultant and social worker. • Harley's overall program focuses on helping him cope with social, emotional and academic needs. • The major behaviour management goals identified from the behaviour chart completed during September 2012 are: – teaching self-regulation strategies – increasing organizational skills and reducing off-task behaviours – learning coping skills for anxiety attacks.

Sample Behaviour Chart

NAME: Harley **MONTH:** September 2012

Date:		**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**17**	**18**	**19**	**Frequency Tally**
Attended school (weekend W attended ✓ did not attend X)		✓	✓	X	✓	✓	W	W	X	✓	✓	✓	✓	8/10
Met with counsellor (Yes ✓)		✓	✓		✓	✓					✓	✓	✓	7/10
Took medication (Yes ✓)		✓	✓		✓	✓				✓	✓	✓	✓	8/10
Attended work experience (Yes ✓)		✓	✓	✓	✓	✓				✓	✓	✓	✓	9/10
Felt anxious/restless/ agitated (Yes ✓)	**am**	✓	✓	✓	✓	✓			✓	✓	✓	✓	✓	10/10
	pm	✓	✓	✓	✓	✓			✓	✓	✓	✓	✓	10/10

The tallies of this chart inform the goals of Harley's IPP. For example, the high frequency of Harley's feelings of anxiety suggest that reduction in this area is a priority goal. From consultation with the counsellor, it became clear that Harley's anxiety is tied to working with peers. Therefore, it was deemed appropriate to monitor his frequency of attendance and consistency in taking his medications, which help to stabilize his mood. Further, more specific checklists would be developed to monitor each of the objectives related to Harley's long term goals.

Student Monitoring Form Severe Disabilities Funding 2012/2013

New ☐ **Renewal** ☒

PLEASE CHECK CODE

- ☐ **41 Severe Cognitive**
- ☒ **42 Severe Emotional/Behavioural**
- ☐ **43 Severe Multiple**
- ☐ **44 Severe Physical or Medical, including Autism**
- ☐ **45 Deafness**
- ☐ **46 Blindness**

School Authority ABC Authority

School Day Creek High School

Student Name Harley

Alberta Student Number (ASN) xxxxxxxxx

Birth date (yyyy/mm/dd) 1997/03/17 **Grade** 10

Placement (describe) grade 10 program

1. **Supporting Documentation from the appropriate professionals (please attach copies, plus copies of any additional recent assessment information)**

a. Diagnosis	**Year**	**Professional Conducting Assessment**
Confirm bi-polar disorder	2012	Dr. Panwhar, psychiatrist
Bi-polar disorder, ADHD	2009	Dr. Bunton, psychiatrist
b. Functional Assessment	**Year**	**Professional Conducting Assessment**

2.

a. **The student requires which of the following in the learning environment because of his/her disabilities?**

- ☐ adapted/alternate materials
- ☐ modified instructional focus
- ☐ adjusted instructional level
- ☐ alternate communication
- ☐ specialized facility/furniture
- ☐ other
- ☒ increased supervision/assistance
- ☐ medical/personal care
- ☐ mobility/motor development
- ☐ ongoing or emergency medical plan (attach copy)
- ☒ behaviour plan (attach copy)

b. **Submit a one-page summary of school functioning.**

3. **Services provided in accordance with the *Funding Manual for School Authorities 2012-2013 School Year.* Identify three or more of the following supports from (a) to (e) that are being provided to the student**

a. Frequent specialized one-on one intervention provided during 2012/2013

Intervention	hours per day	staff:student ratio
specialized setting with teacher		
small group work with teacher		
teacher assistant	3	1:1
interpreter		
other		

b. Specialized equipment and/or assistive devices provided during 2012/2013

- ☐ communication devices
- ☐ assistive technology/devices
- ☐ personal FM system
- ☒ other (specify) - Blackberry
- ☐ specialized furniture
- ☒ specialized software
- ☐ specialized equipment

c. **Assistance with personal care/health-related interventions provided by school staff during 2012/2013:**

- ☐ assistance with personal hygiene
- ☐ catheterization
- ☐ g-tube feeding
- ☐ other feeding program
- ☒ administration of medication
- ☐ Other (specify)
- ☐ lifts and transfers
- ☐ respiratory therapy
- ☐ management of equipment
- ☐ oxygen administration
- ☐ mobility training (walker, wheelchair)

d. Frequent documentation of behavioural and/or medical status during 20012/2013 through anecdotal records, checklists and/or medical logs (submit summary of behaviour status):

	Hourly	Daily	Weekly	Monthly
Behaviour is monitored		x		
Medical condition is monitored		x		

e. **Direct support services for the student at a cost to the system provided during 2012/2013** (note: regularly scheduled services means the service must be provided to the student **5 or more hours** per year)

- ☐ assistive technology consultant
- ☐ audiologist
- ☐ behaviour specialist
- ☐ hearing consultant
- ☐ itinerant teacher
- ☐ nursing services
- ☐ occupational therapist
- ☐ orientation and mobility specialist
- ☐ other (specify)
- ☐ physical therapist
- ☐ registered psychologist
- ☐ school liaison worker
- ☒ school/guidance counsellor
- ☐ social worker
- ☒ special education consultant/lead teacher
- ☐ speech language pathologist
- ☐ vision consultant

DECLARATION

Relevant assessment documentation to support the claim is available, at least three of five supports listed in 3 a-3e are in place, a current IPP is included in the student's file, and the student meets the 2012/2013 severe disabilities coding criteria.

Sept 18, 2012
Date

B. Moore
Signature of school authority designate

Individualized Program Plan

Student Information

Student: JONES, Harley Edward

Date of Birth: 03/17/1997

Age as of Sept. 1/2012: 15

Parents: Susan and Henry Smith

Date I.P.P. Created: September 10, 2012

Address: R.R. 3
Rural Alberta, AB T0T 0T0

Phone #: (403) 111-1111

Eligibility Code: 42

Year of School/Grade: Grade 10

Background information: Classroom context

School: Dry Creek High School

I.P.P. Coordinator and Classroom Teacher:

Additional IPP Team Members:
Harley Jones, student
Susan and Henry Smith, guardians
Dr. Jabir Panwhar, psychiatrist
Jane Glass, school counsellor
Mike Cardinal, teacher assistant
Judy Cook, learning coach
Anne Hall, behaviour specialist
Brenda Lively, vice-principal

Background Information: Parental input and involvement

Harley continues to adjust to living with the diagnosis of bipolar disorder. It is critical that all teachers maintain regular and consistent communication with his guardians, either by telephone or e-mail. General strategies for supporting Harley's social interactions with staff and peers have been distributed and should be reviewed by staff on a regular basis. Harley has begun to experience more intense fine motor tremors, a side effect of the medication. For this reason, he will continue Read and Write Gold to assist with completing written activities and his Blackberry for tracking assignments and recording mood chart information.

Strengths

- interested in theatre set design
- enjoys watching sports

Areas of Need

- continue to develop self-regulation strategies
- improving social interactions with peers and teachers

Medical Conditions that Impact Schooling	Coordinated Support Services
Harley is on medication for bipolar disorder, which is to be taken before lunch under the supervision of the teacher assistant. The time and dosages are to be recorded on a daily basis and sent to his psychiatrist at the end of each month. Refusals to take medication should be recorded and his guardians notified immediately when these situations occur. Information sheets explaining bipolar disorder and the side effects of medication have been distributed to all his teachers and teacher assistant. Staff who observe possible side effects from the medication are requested to contact Harley's guardians immediately.	• daily counsellor support, 30 min/day, to assist Harley in understanding his diagnosis and to complete his behaviour chart • teacher assistant support 3 hours/day • special education consultant to assist teachers with developing programming and adapt instructional strategies • Harley meets monthly with his psychiatrist • quarterly meetings with his social worker

Assessment Data (Specialized Assessment Results)

Date	Test	Results
November 2010	• psycho-educational assessment	• Harley was unable to complete the assessment.
June 2012	• referred for psycho-educational and functional behavioural assessments	• School counsellor will consult with Dr. Panwhar to determine the optimal time for these assessments to take place.

Current Level of Performance and Achievement	**Year-end Summary**
September Note: Referral has been made for achievement testing to support development of academic IPP goals/objectives.	**June**

Goal # 1

Long-term Goal: Harley will independently identify situations that make him anxious and demonstrate strategies to reduce his anxiety.

Short-term Objectives	Assessment Procedures	Progress Review
When asked by the counsellor, Harley will be able to verbally describe two types of classroom situations that make him anxious on four of five days and record this information on his behaviour chart.	• counsellor, teachers and teacher assistant will record and chart incidents to identify patterns related to the onset of feelings of anxiety.	
By December 20, Harley will be able to describe three actions he can take to reduce his anxiety in classroom situations and successfully demonstrate these actions in four instances, for five consecutive days.	• teacher, teacher assistant and counsellor observation • daily checklist	
By February 28, Harley will be able to respond in a positive manner to potentially anxiety-producing situations for ten consecutive days.	• Teacher, teacher assistant and counsellor observations • daily checklist	
When asked by the counsellor, Harley will independently complete his mood chart with 100% accuracy at the end of each morning.	• counsellor observation	

Accommodations and strategies to support objectives

- Reduced course load and attend classes only in the morning.
- Afternoon work experience with local theatre company in the carpentry department.
- Allow additional time for tests/examinations.
- Allow student to write in a small group setting, with teacher assistant supervision, to reduce performance anxiety.
- Modify classroom and homework assignments according to fluctuations in his emotional status.
- Use Excel spreadsheet to complete daily mood chart record.

Goal # 2

Long-term Goal: Harley will work cooperatively with peers in the classroom.

Short-term Objectives	Assessment Procedures	Progress Review
By October, Harley will work cooperatively with a teacher-selected partner and complete assigned tasks four out of six periods, within the time allocated and with teacher assistant supervision, in each class.	• teacher/teacher assistant observations of process and number of completed assignments	
By February 28, when given a cooperative small-group assignment (teacher-selected peers), Harley will work cooperatively and complete assigned tasks 85% of the time with teacher assistant supervision.	• teacher/teacher assistant observations of process and number of completed assignments	
By May, when given the free choice of working with a partner, Harley will work cooperatively and complete assigned tasks three times out of four. * teacher/teacher assistant observations and number of completed assignments	• teacher/teacher assistant observations of process and number of completed assignments	

Accommodations and strategies to support objectives

- Afternoon work experience with local theatre company in the carpentry department.
- Extra set of text books at home.
- Permit and encourage use of the Read and Write Gold to support note taking and assignment completion.
- Use Blackberry for recording assignments and scheduling timelines for completing projects.

Planning for Transition

- Course selection and timetabling for second semester will be finalized in November.
- Arrangements will be made for a home-bound teacher to provide services either at home or in the hospital, should Harley be unable to attend school for periods of time this year.
- The counsellor will arrange for three case conferences to be held this school year involving the learning team and Harley's psychiatrist and social worker.
- The counsellor will review the purpose and importance of the behaviour chart with teachers and the teacher assistant.
- The counsellor and Harley will determine if and when they will do a short presentation to his peers and teachers regarding the impact of his illness on his learning and social interactions.

Additional Information

Signatures

I understand and agree with the information contained in this Individualized Program Plan.

Mr. & Mrs. Smith
Parents

September 12, 2012
Date

____
IPP Coordinator/Teacher

September 12, 2012
Date

____
Principal

September 12, 2012
Date

School Summary of Behavioural Functioning and Impact
September 28, 2012

Student: Harley Edward Jones **School:** Dry Creek High School
Grade: 10 **Teacher:** Jane Glass, Counsellor

Priority presenting behaviour(s):

What are the behaviours?

Describe what they look like in the educational environment.

- During the month of September, Harley exhibited several behaviours at school which caused concern for staff.
- These included being truant from school, failing to complete classroom assignments and homework, and rapid changes in mood. The most significant area of concern is the increase in the number and frequency of anxiety attacks Harley has had since school began earlier this month. Harley describes he has racing thoughts during his anxiety attacks. His teachers have observed that during his anxiety attacks, he talks excessively and that it is very difficult to follow his conversation because he moves so rapidly between topics he appears incoherent.
- He becomes so agitated that he cries in front of his classmates and then physically lashes out at them when they comment about his show of emotion. These aspects of his behaviour are of most concern because of the impact they have on his peer interactions and ability to participate in class work.

Frequency of priority behaviour(s):

Give the number of intense attacks.

Describe chronic episodes.

- Since September 4, Harley has reported that he has experienced approximately 20 intense anxiety attacks while at school. His behaviour chart indicates that he is in an almost constant state of anxiety. A review of his behaviour chart shows that he is feeling anxious, restless or agitated for almost the entire school day.
- This information was collected by Harley and collated with the assistance of the school counsellor. From September 4 to 15, he reported a total of 20 anxiety attacks, which were evenly distributed between morning and afternoon.

Impact of the priority behaviour(s):

What happens as a direct result of these behaviours?

- During five of the anxiety attacks, which occurred during two morning breaks, two morning classes and one afternoon class, Harley got into physical fights with peers. These incidents resulted in two 2-day suspensions and one 5-day suspension for fighting for both Harley and the other students. During the third incident, Harley sustained a severe blow to his head and was taken by ambulance to the local emergency room.
- After each of these incidents, Harley shared that he was "worthless" and "would not survive to finish school." He is often reported to appear sad and no longer wants to be around other students.

Plan and supports to address the priority behaviour(s):

Who is involved?

What are the supports and how do they relate to a plan?

- School staff, parents, and Harley met to develop a plan to support him at school. It was decided that he would meet with the school counsellor every day for 30 minutes. As well, to build on his interest in theatrical set design, a work experience placement at the local theatre has been arranged. A teacher assistant will accompany him to his placement during the afternoons.
- The number of courses he will take each semester has been altered to accommodate this change. This plan will be reviewed in mid-October to determine if changes or alternations are required to his IPP.

Severe Multiple Disability (Code 43)

Special Education Coding Criteria

A funded student with multiple disabilities is one who:
- has two or more non-associated moderate to severe cognitive and/or physical disabilities which, in combination, result in the student functioning at a severe to profound level; and
- requires significant special programming, resources and/or therapeutic services.

Students with a severe disability and another associated disability should be identified under the category of the primary severe disability. For example:
- A student with a severe cognitive disability and another associated disability is not designated under this category, but is designated under severe cognitive disability.
- A student with a severe emotional/behavioural disability and another associated disability is not designated under this category, but is designated under severe emotional/behavioural disability.

The following mild or moderate disabilities cannot be used in combination with other disabilities to qualify under Code 43:
- attention deficit/hyperactivity disorder (ADHD)
  attention deficit disorder (ADD)
- emotional/behavioural disabilities
- learning disability (LD)
- speech and language-related delays.

Questions and Answers

What are the main characteristics of a student who meets the special education coding criteria for severe multiple disability?
A student with a severe multiple disability may exhibit two or more of the following:
- moderate cognitive disability (standardized score of 30 – 50 ± 5)
- severe cognitive disability (standardized score of 30 + 5 or less)
- bilateral hearing loss in the moderate to severe range; average of 56 – 70 decibels over 500 – 4000 Hz in the better ear reported by the appropriate specialist
- visual impairment that is moderate to severe (20/100 in the better eye), but not legally blind, degeneration prognosis reported by the appropriate specialist
- moderate to severe autistic-like behaviour
- moderate to severe physical disability or medical condition that interferes with learning.

What documentation is required to meet the coding criteria?

- Diagnoses by professionals for each of the two or more non-associated disabling conditions. This may include reports from registered psychologists, audiologists, ophthalmologists and medical professionals.
- Current documentation should be in the student's file.
- If a student has two or more non-associated disabilities that have not changed significantly, a current functional assessment from Regional Educational Consulting Service teams (REACH, CASE, ERECS, RÉSEAU), Student Health Partnership, school authority specialists or other contracted consulting agencies may be sufficient.
- A diagnosis of each of the disabling conditions is required but not necessarily sufficient to qualify. Eligibility depends on the student's current level of functioning within the learning environment.

What other supporting documentation from a school, relevant to the student's disabling conditions and programming requirements, may be included with the student package for monitoring by Alberta Education?

- physical therapy, occupational therapy, speech-language therapy reports
- vision and/or hearing consultant reports
- current and relevant medical reports
- additional documentation, including anecdotal information, reflecting the student's needs in the learning environment.

For additional information please refer to the case study on pages 38 to 48.

Case Study — Amina

Background information, description of severe disabling condition(s)	• Amina is an eight-year-old student currently in Grade 3 at Caldwell School. • Dr. Brown diagnosed Amina in 2006 as having Kabuki make-up syndrome and moderate cognitive delay. In November 2010, she was diagnosed with a moderate hearing loss by R. Dean, audiologist. • She presents with generalized low muscle tone, decreased physical strength, delays in gross and fine motor development, poor social skills and a moderate bilateral hearing loss. • The occupational therapist and physical therapist both report Amina's need for assistance with toileting, dressing, and feeding and for constant supervision, as she has a danger of falling, especially on the stairs.
Current supports/services in place	• Amina currently receives individual support 4 hours a day from a part-time teacher assistant and 30 minutes a day in a small group from a teacher assistant who is assigned to the classroom. • Amina receives small group instruction for mathematics and pro-social skills. She also receives ongoing individual assistance to maintain attention to task and to complete all tasks in the classroom environment. • Amina requires assistance with dressing and in the washroom. She receives stand-by assistance for all transitions and walking the stairs. • Amina receives individual assistance at lunch and recess times. • Amina requires an augmentative/alternative communication system and has been referred for assessment at the I Can Centre, Glenrose Rehabilitation Hospital.
Individualized Program Plan	• Amina's IPP was developed in consultation with her learning team, including her parents, the speech-language pathologist, occupational therapist, physical therapist, behaviour specialist and hearing consultant. • The goals of Amina's education program address her needs, result from the combination of disabling conditions, and are reflected in the classroom accommodations and level of supervision.

Alberta
Government

Student Monitoring Form Severe Disabilities Funding 2012/2013

New ☐ **Renewal** ☒

PLEASE CHECK CODE

- ☐ **41 Severe Cognitive**
- ☐ **42 Severe Emotional/Behavioural**
- ☒ **43 Severe Multiple**
- ☐ **44 Severe Physical or Medical, including Autism**
- ☐ **45 Deafness**
- ☐ **46 Blindness**

School Authority ABC Authority

School Caldwell School

Student Name Amina

Alberta Student Number (ASN) xxxxxxxxx

Birth date (yyyy/mm/dd) 2004/08/30 **Grade** 3

Placement (describe) inclusive grade 3 classroom

1. **Supporting Documentation from the appropriate professionals (please attach copies, plus copies of any additional recent assessment information)**

a. Diagnosis	**Year**	**Professional Conducting Assessment**
Kabuki make-up syndrome, moderate cognitive delay	2005	Dr. Brown, physician
Moderate bi-lateral hearing loss	2008	R. Dean, audiologist
b. Functional Assessment	**Year**	**Professional Conducting Assessment**
Functional school assessment	2011	REACH team

2\.

a. **The student requires which of the following in the learning environment because of his/her disabilities?**

- ☒ adapted/alternate materials
- ☒ modified instructional focus
- ☐ adjusted instructional level
- ☐ alternate communication
- ☐ specialized facility/furniture
- ☐ other
- ☒ increased supervision/assistance
- ☐ medical/personal care
- ☐ mobility/motor development
- ☒ ongoing or emergency medical plan (attach copy)
- ☐ behaviour plan (attach copy)

b. **Submit a one-page summary of school functioning.**

3. **Services provided in accordance with the *Funding Manual for School Authorities 2012-2013 School Year.* Identify three or more of the following supports from (a) to (e) that are being provided to the student**

a. **Frequent specialized one-on one intervention provided during 2012/2013**

Intervention	hours per day	staff:student ratio
specialized setting with teacher		
small group work with teacher	0.5	1:4
teacher assistant	4.5	1:1
interpreter		
other		

b. **Specialized equipment and/or assistive devices provided during 2012/2013**

- ☐ communication devices
- ☐ assistive technology/devices
- ☒ personal FM system
- ☐ other (specify)
- ☐ specialized furniture
- ☐ specialized software
- ☐ specialized equipment

c. **Assistance with personal care/health-related interventions provided by school staff during 2012/2013:**

- ☒ assistance with personal hygiene
- ☐ catheterization
- ☐ g-tube feeding
- ☒ other feeding program
- ☐ administration of medication
- ☐ Other (specify)
- ☐ lifts and transfers
- ☒ respiratory therapy
- ☒ management of equipment
- ☐ oxygen administration
- ☐ mobility training (walker, wheelchair)

d. **Frequent documentation of behavioural and/or medical status during 20012/2013 through anecdotal records, checklists and/or medical logs (submit summary of behaviour status):**

	Hourly	Daily	Weekly	Monthly
Behaviour is monitored				
Medical condition is monitored		x		

e. **Direct support services for the student at a cost to the system provided during 2012/2013 (**note: regularly scheduled services means the service must be provided to the student **5 or more hours** per year**)**

- ☐ assistive technology consultant
- ☐ audiologist
- ☐ behaviour specialist
- ☐ hearing consultant
- ☐ itinerant teacher
- ☐ nursing services
- ☒ occupational therapist
- ☐ orientation and mobility specialist
- ☐ other (specify)
- ☐ physical therapist
- ☐ registered psychologist
- ☐ school liaison worker
- ☐ school/guidance counsellor
- ☐ social worker
- ☒ special education consultant/lead teacher
- ☒ speech language pathologist
- ☐ vision consultant

4. DECLARATION

Relevant assessment documentation to support the claim is available, at least three of five supports listed in 3 a-3e are in place, a current IPP is included in the student's file, and the student meets the 2012/2013 severe disabilities coding criteria.

Sept 25, 2012
Date

M. Thompson
Signature of school authority designate

Summary of School Functioning

Student: Amina **Date:** September 23, 2012
Grade: 3 **School:** Caldwell School **Teacher:** Ms. Major

- Amina has been diagnosed with the Kubuki syndrome, a rare genetic condition which affects several parts of the body as well as cognitive functioning. Amina also has a moderate bilateral hearing disability.

- Amina has delays in both fine and gross motor development, low muscle tone and decreased strength. She frequently loses her balance and may fall. She must be supervised when using stairs. This limits her participation in physical education and other activities, and in addition to increased supervision may require alternative activities. She also tires easily. The occupational therapist has referred Amina to the seating clinic for assessment and input on the desirability of the purchase of a power scooter for activities that require extended walking.

- Her cognitive and academic skills are roughly at a pre-kindergarten level. She requires individual assistance to maintain attention to task and to complete the work assigned. Amina needs assistance with dressing, personal hygiene and other self-help skills, although she has recently become independent in eating and drinking. Amina is interested in learning to read and use numbers.

- She is happiest around adults and older children. Although she is shy with peers, she is participating in more experiences with age peers both at school and in the community. Amina has a desire to please and cooperates well with school staff.

- We are focusing on maximizing Amina's residual hearing, both through amplification (hearing aids and FM systems) and through auditory training exercises. The teacher assistant is working with Amina on an articulation and social language program developed by the speech therapist. Her speech is difficult for most people to understand. As her communication skills increase, peer relationships should also improve. Augmentative or alternate communication systems are also being explored at this time.

Individualized Program Plan

Student Information

Student: KHAN, Amina

Date of Birth: 08/30/2004

Age as of Sept. 1/2012: 8

Parents: Amy and John Khan

Date I.P.P. Created: September 15, 2012

Address: 567-10 Avenue
Big City, AB T9T 9T9

Phone #: (780) 111-1111

Eligibility Code: 43

Year of School/Grade: 3

Background information: Classroom context

School: Caldwell School

I.P.P. Coordinator and Classroom Teacher: Donna Major

Additional IPP Team Members:
Amy and John Khan, parents
Angel Young, Special education consultant/IPP coordinator
Pat White/John Gregory, teacher assistants
Michael Hall, speech-language pathologist/audiologist
Mary Smart, occupational therapist

Background Information: Parental input and involvement

Amina is a happy individual who is shy around peers. She has had limited opportunity to interact with age peers, preferring to spend time in the company of older students and adults. Her parents are concerned and have agreed to work with the learning team to have Amina become involved with age peers outside of school through swimming and horseback riding lessons. Mr. and Mrs. Khan found the communication book useful last year and would like that method of information sharing to continue this year. Mary Smart, occupational therapist, is concerned about Amina's difficulty maintaining her balance and has referred her to the seating clinic for assessment and input regarding the purchase of a power scooter that could be used on the playground, school field trips and in the community.

Strengths

- desire to please
- cooperates with teacher assistant to complete transfers during personal care routines
- enjoys using the computer

- Areas of Need

- communication
- social skills
- mathematics concept and skill development

Medical Conditions That Impact Schooling	**Coordinated Support Services**
☒ No current medical conditions that impact schooling	• teacher assistant support 4.5 hours/day • RECS: hearing consultant, occupational therapist, speech therapist, physical therapist, behaviour specialist • special education consultant

Assessment Data (Specialized Assessment Results)

Date	Test	Results
November 2009	• Vineland Adaptive Behavior Scale • Test of Non-verbal Intelligence, Third Edition (TONI-3)	• Reports affirm cognitive functioning in the moderate range.

Current Level of Performance and Achievement	**Year-end Summary**
September May 2012 teacher observation and checklists • Amina enjoys sharing her lunch hours with the teacher assistants; however, she is shy around age peers. • Peer interaction is developing slowly and Amina continues to benefit from having social interactions mediated by the teacher assistants. • Amina's motivation to read increased during the year as she modelled the actions of her Grade 6 reading buddy. • Amina's self-help skills have improved and she is able to eat and drink independently. • Due to fine motor challenges, Amina has begun to use software that allows her to match pictures with sight words and community symbols.	**June**

Goal # 1

Long-term Goal: Amina will maximize her residual hearing through amplification (hearing aids and FM systems).

Short-term Objectives	Assessment Procedures	Progress Review
By December, Amina will discriminate between the presence and absence of a spoken syllable or word in a quiet environment. Amina will respond correctly on 40 consecutive presentations.	• teacher/teacher assistant observations recorded on checklist	
By June, Amina will discriminate between familiar environmental sounds that are interrupted (car horn) versus continuous (vacuum cleaner) in a quiet environment 80% of the time.	• teacher/teacher assistant observations recorded on checklist	

Accommodations and strategies to support objectives

- Encourage and model correct articulation of new vocabulary and facilitate carry-over speech skills into everyday speech in the classroom.

Goal # 2

Long-term Goal: Amina will play and work appropriately with her peers.

Short-term Objectives	Assessment Procedures	Progress Review
By October, Amina will, verbally and in actions, show pride in her school work 80% of the time.	• teacher/teacher assistant observation • sociogram • anecdotal notes	
By the end of November, Amina will demonstrate appropriate classroom manners 80% of the time.	• teacher/teacher assistant observation • checklist based on classroom rules	
By mid-January, Amina will make at least three positive comments during a 15 minute classroom discussion on five of seven occasions.	• teacher/teacher assistant observation • checklist	
By June 30, Amina will make two positive comments about her peers when she works in a small group on three of four occasions.	• teacher/teacher assistant observation • checklist • anecdotal notes • sociogram	

Accommodations and strategies to support objectives

- Schedule teacher assistants to provide direct supervision when Amina is in the hallways, physical education class and on the playground.
- Increase use of computer software to support development of social problem-solving skills.
- Encourage and model age-appropriate social interactions using spoken language.

Goal # 3

Long-term Goal: Amina will demonstrate counting skills and beginning awareness of addition and subtraction.

Short-term Objectives	**Assessment Procedures**	**Progress Review**
By November 30, Amina will use manipulatives to to count and group whole numbers to a maximum value of 10 with 80% accuracy on ten problems.	• teacher/teacher assistant observation • checklist • teacher made tests	
By the end of February, Amina will use manipulatives to add two whole numbers to a maximum value of 10 with 80% accuracy on ten problems.	• teacher/teacher assistant observation • checklist • teacher made tests	
By April 30, Amina will use manipulatives to subtract two whole numbers to a maximum value of 10 with 80% accuracy on ten problems.	• teacher/teacher assistant observation • checklist • teacher made tests	
By the end of June, Amina will use diagrams and symbols to demonstrate the process of addition and subtraction of whole numbers, to a maximum number of 10 with 80% accuracy on ten problems.	• teacher/teacher assistant observation • checklist • teacher made tests	

Accommodations and strategies to support objectives

- Provide instruction in a variety of ways (hands-on, visual, multi-sensory).
- Provide manipulatives and models during all mathematics classes.
- Have well-lighted teaching/small group work areas.
- Individualize all tests and allow extra time.

Planning for Transition

- Angel Young will arrange for three case conferences during the year to involve all learning team members to review Amina's IPP goals and objectives as well as updating any assessment information that becomes available during the school year.
- Mr. and Mrs. Khan would like to visit a district senior elementary special education class to determine if that might be a more appropriate placement in which Amina could receive more focused instruction in sign language.
- Angel Young and Donna Major will arrange for assessment and consultation service referrals to be made in January 2012 for functional assessments to assist with programming for 2013/2014.

Additional Information

Signatures

I understand and agree with the information contained in this Individualized Program Plan.

Amy Khan John Khan Parents	September 12, 2012 Date
IPP Coordinator/Teacher	September 12, 2012 Date
Ms. I.M. Busy Principal	September 12, 2012 Date

Severe Physical or Medical Disability (Code 44)

Special Education Coding Criteria

A funded student with a severe physical, medical or neurological disability is one who:

a) has a medical diagnosis of a physical disability, specific neurological disorder or medical condition which creates a significant impact on the student's ability to function in the school environment (note: some physical or medical disabilities have little or no impact upon the student's ability to function in the school environment); and

b) requires extensive adult assistance and modifications to the education environment in order to benefit from schooling.

A student with severe autism (or other severe pervasive developmental disorder) is included in this category. A clinical diagnosis by a psychiatrist, registered psychologist, or medical professional specializing in the field of autism is required. A clinical diagnosis of Autism Spectrum Disorder is not necessarily sufficient to qualify under this category. Eligibility is determined by the functioning level of the student with autism.

In order for a diagnosis of autism to be made, the student needs to demonstrate impairment in the following areas:

- social interaction and
- communication, and
- exhibit stereotyped pattern of behaviour (e.g., hand flapping, body rocking, echolalia, insistence on sameness and resistance to change).

A student diagnosed with severe fetal alcohol spectrum disorder (FASD) may have fetal alcohol syndrome (FAS) or alcohol-related neurodevelopmental disorder (ARND) and is included in this category. A clinical diagnosis by a psychiatrist, registered psychologist with specialized training, or medical professional specializing in developmental disorders is required. A clinical diagnosis of FASD is not necessarily sufficient to qualify under this category. Eligibility is determined by the functioning level of the student with FASD. Students with severe FASD who exhibit significant impairment in the areas of social functioning, life skills, behaviour, learning, attention and concentration will need extensive intervention and support.

Questions and Answers

What documentation is required to determine a student meets the special education coding criteria for severe physical or medical disability?

- A medical diagnosis of a physical, medical or neurological disability dated within the last three years to five years.
- Once it is established by the school authority that the student has a chronic disability that has not changed significantly, a current functional assessment that demonstrates the impact of the student's disability while at school may be sufficient. Such functional assessments may be obtained from one of the Regional Educational Consulting Service providers (REACH, CASE, Edmonton Regional Educational Consulting Services, RÉSEAU) or other personnel specializing in the field.

What are some examples of severe medical or physical disabilities?

Documentation for students who are diagnosed with the following may meet the criteria for Code 44, depending upon the severity of the impact in the educational setting:

- Tourette syndrome
- cerebral palsy
- fetal alcohol spectrum disorder
- autism spectrum disorder
- brain injury
- cancer

What documentation is required to confirm a severe autism spectrum disorder?

- A clinical diagnosis by a psychiatrist, registered psychologist, or medical professional specializing in the field of autism.
- A functional assessment and anecdotal information that documents such aspects of the instructional environment as setting, instructional context and interpersonal factors that may affect the student's performance, as well as the strengths and needs of the individual student. Individuals with ASD may demonstrate difficulties with:
  - processing verbal and abstract information
  - regulating attention
  - generalizing
  - motor planning
  - transitioning between activities, settings and individuals
  - accommodating some forms of sensory experience
  - organizing and self-regulating.

What documentation is required to confirm a severe fetal alcohol spectrum disorder?

- A clinical diagnosis by a medical professional or diagnostic medical team specializing in the field of fetal alcohol spectrum disorders.
- A functional assessment and anecdotal information that documents such aspects of the instructional environment as setting, instructional context and interpersonal factors that may affect the student's performance, as well as the strengths and needs of the individual student. Individuals with FASD may demonstrate difficulties with:
  - academic learning
  - memory in the areas of short term recall and long term retrieval of information and directions
  - language such as interpreting figurative language and social situations, and producing complex sentence structures in speech and written language
  - developing complex, abstract thinking and reasoning
  - maintaining appropriate attention and focus
  - adaptive skills and social emotional functioning, which are be delayed relative to chronological age peers

What other supporting documentation relevant to the student's disabling condition and programming requirements may be included with the student package for monitoring by Alberta Education?
Relevant cognitive assessment reports, speech-language therapy reports, occupational therapy reports, physical therapy reports, behavioural assessment reports or medical reports.

For additional information, please refer to the case study on pages 52 to 62.

Case Study — Cheng

Background information, description of severe disabling condition(s)	• Cheng is a twelve-year-old student in Grade 6. • Dr. Gold, psychiatrist, ABS Hospital, diagnosed Cheng with severe autistic disorder in November 2002. • Cheng has extreme difficulties with: – social interaction and with peers – expressive/receptive communication • Cheng exhibits stereotypic behaviours, specifically hand-flapping and pulling his hair. He is easily upset when not prepared for changes in routine/transitions. • Cheng uses some picture communication symbols to enhance communication (expressive and receptive). • Cheng requires assistance to develop more appropriate social interactions with peers and adults.
Current supports/services in place	• Cheng receives support for language arts and math, in a small group work setting (with 2 other students) for 2 hours daily. • Cheng's teacher has 5 hours of Educational Assistant/Teacher Assistant support for the development of academics in the classroom setting. • teacher assistant supervision is provided before school and during recess and lunch. • Cheng's learning team monitors and records his behaviours daily, which include: – initiated social interactions – use of oral communication and communication board – temper outbursts – obsessive-compulsive behaviours. • Members of the RECS team provide on-going behaviour communication consultative support. • Cheng's teachers and staff meet bi-monthly with his parents and home support worker to review his program.
Individualized Program Plan	• Cheng's IPP was developed with his learning team, including his parents, RECS consultants and school staff. • His IPP reflects Cheng's need for routine and identifies goals for communication, social/behaviour and academic progress.

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Student Monitoring Form Severe Disabilities Funding 2012/2013

New ☐ **Renewal** ☒

PLEASE CHECK CODE

☐ **41 Severe Cognitive**
☐ **42 Severe Emotional/Behavioural**
☐ **43 Severe Multiple**
☒ **44 Severe Physical or Medical, including Autism**
☐ **45 Deafness**
☐ **46 Blindness**

School Authority GHI Authority

School Valley School

Student Name Cheng

Alberta Student Number (ASN) xxxxxxxxx

Birth date (yyyy/mm/dd) 2001/12/16 **Grade** 6

Placement (describe) Grade 6 class – 20 students

1. **Supporting Documentation from the appropriate professionals (please attach copies, plus copies of any additional recent assessment information)**

a. Diagnosis	**Year**	**Professional Conducting Assessment**
Autistic disorder	2002	Dr. Gold, paediatrician
b. Functional Assessment	**Year**	**Professional Conducting Assessment**
Delayed development, communication and socialization difficulty	2010	Dr. Justina, psychologist
Academic achievement – delayed	2009	Resource teacher

2.

a. **The student requires which of the following in the learning environment because of his/her disabilities?**

☒ adapted/alternate materials
☐ modified instructional focus
☒ adjusted instructional level
☐ alternate communication
☐ specialized facility/furniture
☐ other

☐ increased supervision/assistance
☐ medical/personal care
☐ mobility/motor development
☐ ongoing or emergency medical plan (attach copy)
☒ behaviour plan (attach copy)

b. **Submit a one-page summary of school functioning.**

3. **Services provided in accordance with the *Funding Manual for School Authorities 2012-2013 School Year.* Identify three or more of the following supports from (a) to (e) that are being provided to the student**

   a. **Frequent specialized one-on one intervention provided during 2012/2013**

Intervention	hours per day	staff:student ratio
specialized setting with teacher		
small group work with teacher	2	1:3
teacher assistant	3	1:1
interpreter		
other		

b. Specialized equipment and/or assistive devices provided during 2012/2013

☒ communication devices
☐ assistive technology/devices
☐ personal FM system
☐ other (specify)
☐ specialized furniture
☐ specialized software
☐ specialized equipment

c. **Assistance with personal care/health-related interventions provided by school staff during 2012/2013:**

☐ assistance with personal hygiene
☐ catheterization
☐ g-tube feeding
☐ other feeding program
☐ administration of medication
☐ Other (specify)
☐ lifts and transfers
☐ respiratory therapy
☐ management of equipment
☐ oxygen administration
☐ mobility training (walker, wheelchair)

d. Frequent documentation of behavioural and/or medical status during 20012/2013 through anecdotal records, checklists and/or medical logs (submit summary of behaviour status):

	Hourly	Daily	Weekly	Monthly
Behaviour is monitored		x		
Medical condition is monitored				

e. **Direct support services for the student at a cost to the system provided during 2012/2013** (note: regularly scheduled services means the service must be provided to the student **5 or more hours** per year)

☐ assistive technology consultant
☐ audiologist
☒ behaviour specialist
☐ hearing consultant
☐ itinerant teacher
☐ nursing services
☐ occupational therapist
☐ orientation and mobility specialist
☐ other (specify)
☐ physical therapist
☐ registered psychologist
☐ school liaison worker
☐ school/guidance counsellor
☐ social worker
☐ special education consultant/lead teacher
☒ speech language pathologist
☐ vision consultant

4. DECLARATION

Relevant assessment documentation to support the claim is available, at least three of five supports listed in 3 a-3e are in place, a current IPP is included in the student's file, and the student meets the 2012/2013 severe disabilities coding criteria.

Oct 5, 2012
Date

Ms. Principal
Signature of school authority designate

Summary of School Functioning

Student: Cheng **Date:** October 1, 2012
Grade: 6 **School:** Valley School **Teacher:** P. O'Grady

Cheng exhibits many characteristics which make it challenging to succeed in the classroom:

- He prefers to work and play alone, and never initiates activities with others. Although he usually responds when others initiate, he does not appear to understand group social behaviours such as taking turns.

- He does not seem to understand others' feelings and cannot read facial expressions. Even when talking directly to a person, he shows little eye contact. He does not understand jokes or idioms,

- Recreation is repetitive rather than creative. Cheng likes to rearrange things in a precise pattern, and gets anxious if the pattern is disrupted by someone.

- Any change to routine creates anxiety, as do transitions. Staff tries to prepare Cheng for any changes to routine, but it is not always possible. When he becomes anxious, Cheng starts to flap his hands and/or pull at his hair gently at first but then more vigorously. He has learned some calming techniques, and will use them about 30 percent of the time when cued by a staff member. Cheng is starting to use his portable schedule to support him in transitioning between activities throughout the school.

- If no intervention occurs, this behaviour escalates into a tantrum where he screams and stamps his feet, and may lash out at those around him. The frequency of tantrums has diminished significantly over the past three years, but continues to occur at least once a week. He is removed from the classroom so that his behaviour does not interfere with the learning of others, since his tantrums take up to an hour to defuse to the point where Cheng is able to return to classroom.

- Cheng uses both a communication board and some speech to communicate. Speech is difficult to understand as it is somewhat robotic with abnormal pitch and intonation, and frequently too loud for the situation. He is able to use the classroom computer reading program and to write brief passages. The possibility of a personal laptop computer for his transition to junior high school is being explored.

- Cheng likes and is preoccupied with science fiction movies, watching his favorites again and again.

Individualized Program Plan

Student Information

Student: Cheng

Date of Birth: 12/16/2001

Age as of Sept. 1/2012: 11

Parents: Liang & Bo

Date I.P.P. Created: September 2012

Address:

Phone #:

Eligibility Code: 44

Year of School/Grade: Grade 6

Background information: Classroom context

School: Valley School, GHI Authority

I.P.P. Coordinator and Classroom Teacher: P. O'Grady

Additional IPP Team Members:
W. Mathews, school administrator
Liang & Bo, parents
J. Reiche, resource teacher
G. Eady, teacher assistant
R. Lannigan, speech-language pathologist
S. Ellis, home support worker
A. Holt, behaviour consultant

Background Information: Parental input and involvement

Cheng's parents are very involved in the identification of IPP goals. They are especially interested in supporting the development of more appropriate classroom behaviours and using communication strategies consistently at home in order to reduce Cheng's frustration.

Strengths

- follows instructions with visual prompts
- uses word processing programs for writing
- uses a timer to monitor on-task behaviour
- uses visual schedule to prepare for changes

Areas of Need

- to develop increased independence at school
- to learn to cope with transitions
- to learn to calm himself when anxious
- to develop more appropriate social behaviours

Medical Conditions that Impact Schooling	Coordinated Support Services
☒ No current medical conditions that impact schooling	• Teacher assistant - G. Eady • Classroom teacher - P. O'Grady • Communication consultant - R. Lannigan • Home support worker - S. Ellis • Behaviour consultant - A. Holt

Assessment Data (Specialized Assessment Results)

Date	Test	Results
May 2009	• Leiter International Performance Scale: Revised • Stanford Binet Intelligence Scale: Fifth Edition (SB-V)	• Nonverbal reasoning skills appear to be approximately two years delayed. • Assessment with the SB-V was attempted and discontinued. Psychologist felt that Cheng's verbal reasoning skills and oral skills were considerably weaker than his nonverbal skills.
April 2009	• Peabody Individual Achievement Test (PIAT)	• Cheng's performance was very inconsistent. His decoding skills were somewhat stronger than his comprehension skills but his articulation problems made it difficult to understand all of his responses.
March 2011	• Functional behaviour and communication assessments	• Cheng displays abnormal language development and social interaction, unusual interests, self-stimulatory behaviours, obsessive compulsive behaviours and resistance to change, all of which are consistent with his diagnosis of severe autism.

Current Level of Performance and Achievement	Year-end Summary
September • Cheng can follow simple written/drawn instructions that are accompanied by familiar language patterns or examples. • Cheng enjoys writing stories using a word processor with word prediction. He can write stories of up to 5 sentences. • Cheng requires visual prompts to attempt word problems. He refuses to attempt geometry problems. • Alberta Diagnostic Reading Test: Cheng relies primarily on a sight word approach although he does seem to be developing some phonological awareness. Cheng can answer very simple comprehension questions involving literal recall.	**June** • Cheng has demonstrated gains in his understanding and use of oral and visual communication strategies over the year. Cheng will use his picture schedule with a verbal prompt about half of the time. The rest of the time, he still requires physical prompts. • Cheng is developing independent skills (supported by visual scripts) to work in the classroom and is less reliant on the teacher assistant. • Cheng has mastered using his red/green symbol to indicate desire for attention and desire to be left alone. • Cheng is beginning to use his portable schedule to support himself in transitioning between activities throughout the school (e.g., at recess, lunch, gym).

Goal # 1

Long-term Goal: Cheng will use oral and visual communication strategies to achieve his desires and function more independently in the classroom and at home.

Short-term Objectives	Assessment Procedures	Progress Review
By November, with a physical prompt, Cheng will use a detailed picture schedule to follow the class routine in four out of four class periods for four consecutive days.	• teacher/teacher assistant observation • parent observation (home)	• achieved • At home, Cheng uses his picture schedule (scripted with PCS for dinner routines) with verbal prompts.
By February, with a verbal prompt, Cheng will use a detailed picture schedule to follow the class routine in four out of four class periods for four consecutive days.	• teacher/teacher assistant observation and documented records	• With a verbal prompt, Cheng will complete his work independently, follow the instructional routine for the assignment and return his work to the "finished basket" about half the time. He still requires a physical prompt the rest of the time.
By April, Cheng will use his choosing book paired with oral language to support 85% of his communication attempts in the classroom.	• teacher/teacher assistant observation	• Emerging: Cheng will use his choosing book to express his wants.
By June report card, when using his choosing book for communication support, Cheng will: a) select and verbalize five appropriate social script sentences to interact with a peer during partner or small group work on three out of five occasions b) orient himself toward and attend to a peer's attempt to reply using the choosing book.	• teacher/teacher assistant observation and documentation	a) Requires prompting b) Attends to a peer's attempt but does not respond back or initiate further exchange

Accommodations and strategies to support objectives

- Provide instruction in a variety of ways (e.g., hands on, visual, multisensory).
- Use a daily communication book between home and school.
- Use visual cues and visually scripted instructional routines (drawings, picture communication symbols) to support Cheng's learning.
- Provide instructional opportunities for Cheng to make choices in the classroom.
- Provide a verbal cue paired with a visual cue prior to transitions between activities.

Goal # 2

Long-term Goal: Cheng will further develop his functional academic skills in reading and math.

Short-term Objectives	Assessment Procedures	Progress Review
By November, when using the classroom computer and his personal dictionary, Cheng will write and illustrate sentences using five new words per week.	• teacher observation of written product • checklist of sight words in personal dictionary	• achieved
By mid January, when silently reading a series of short instructional level passages, Cheng will be able to recall (in written form using the class computer) two details in two of three passages.	• teacher will select passages from computer software reading program • teacher assistant will measure criteria and document progress	• achieved
By March Break, when given math word problems, Cheng will select the correct strategy card for solving one-step problems on 8 out of 10 attempts.	• teacher provides problem sheets; teacher assistant will monitor and document strategy selection	• achieved; create strategy cards for two-step problems
By May, when silently reading a series of short instructional level passages, Cheng will be able to sequence pictures of the story events in three of four passages.	• teacher selects passages and sequence cards • teacher assistant will measure criteria and record progress	• achieved

Accommodations and strategies to support objectives

- Provide instruction in a variety of ways (e.g., hands on, visual, multisensory).
- Use a daily communication book between home and school.
- Use visual cues and visually scripted instructional routines (drawings, picture communication symbols) to support Cheng's learning.
- Provide instructional opportunities for Cheng to make choices in the classroom.
- Provide a verbal cue paired with a visual cue prior to transitions between activities.

Goal # 3

Long-term Goal: Cheng will develop increasing control of compliant and positive behaviours in order to achieve his desires.

Short-term Objectives	Assessment Procedures	Progress Review
By October, when a self-calming strategy is modelled, Cheng will imitate the demonstrated routine on 70% of opportunities.	• teacher assistant models and monitors token reinforcers and documents progress	• achieved
By November, when working independently in the classroom, Cheng will use a visual cue card to signal his request for adult attention or his desire to be left alone on 50% of opportunities.	• teacher/teacher assistant observation and documentation	• achieved; increase to 75% use by June
By the end of January, when prompted verbally and paired with a visual cue, Cheng will initiate a self-calming strategy 50% of the time.	• teacher/teacher assistant observation and documentation	• achieved
By March break, when working on assignments, Cheng will use a visual cue card to signal when he needs a break on 60% of opportunities.	• teacher/teacher assistant observation and documentation	• Emerging: Cheng uses his break card 40% of the time. • When frustrated, Cheng refuses to do a task rather than ask for help or a break. • Continue to model and reinforce use of the break card before seeing signs of agitation.
By June 15, when anxious or frustrated, Cheng will use his calming strategy 75% of the time without prompting.	• teacher/teacher assistant observation and documentation	• Cheng requires verbal prompts to use his calming strategy 100% of the time.

Accommodations and strategies to support objectives

- Provide instruction in a variety of ways (e.g., hands on, visual, multisensory).
- Use a daily communication book between home and school.
- Use visual cues and visually scripted instructional routines (drawings, picture communication symbols) to support Cheng's learning.
- Provide instructional opportunities for Cheng to make choices in the classroom.
- Provide a verbal cue paired with a visual cue prior to transitions between activities.
- Provide modeling and explicit instruction in social skills strategies (e.g., visually scripted peer interactions).

Planning for Transition

- Cheng will continue to need a computer next year in junior high, so arrangements for portable technology should be explored by June 1, 2013.
- The junior high resource teacher has already visited with Cheng and observed him in the classroom and playground settings.
- A volunteer peer helper from Grade 7 will visit Cheng in June and accompany him and his mother on two visits to the junior high school.
- Arrangements will be made for the same volunteer peer helper to participate in some activities with Cheng next year as part of the peer helper program.
- During Grade 7, Cheng's IPP team and parents will help Cheng explore areas of strength for future vocational and community participation.

Goals and Objectives Requiring Ongoing Focus

- Cheng uses his choosing book enthusiastically, but he occasionally fails to comprehend that he must follow through with his choices. This needs re-teaching and reinforcement to firm up skill and understanding.
- When anxious, Cheng still uses disruptive behaviours about 50% of the time (yelling, banging). Cheng's parents will continue to reinforce Cheng's use of self-calming strategies and visual communication strategies over the summer. Before September, a meeting will be arranged to discuss effective reinforcers for calming time.
- Continued focus on developing functional reading and writing skills.

Strategies That Worked Well

- Instructional routines (scripted with PCS) facilitated Cheng's independence in the classroom.
- Colour coding assignment folders and providing colour coded "finished baskets" for finished work were effective in helping Cheng find, organize and return his work.
- Visual cues supported Cheng's communication and positive behaviours while participating in activities.
- Cheng willingly used the computer reading programs.
- The choosing book is an effective system for enhancing Cheng's receptive and expressive communication.

Support Services Required

- Teacher assistant support to continue at the present level for the 2011/2012 school year then re-evaluate.

Recommendations

- Set up a classroom quiet area and provide strong positive reinforcement when Cheng asks appropriately to use the quiet area.
- Maintain close communication and coordination of strategies between home and school to maintain consistency.
- Suggested focus for the Grade 7 year: help Cheng develop coping skills for new challenges in the junior high school environment (e.g., changing classes, use of lockers, multiple teachers, and increase functional reading and writing skills).

Additional Information

Deafness (Code 45)

Special Education Coding Criteria

A funded student with a severe to profound hearing loss is one who:

a) has a hearing loss of 71 decibels (dB) or more unaided in the better ear over the normal speech range (500 to 4000 Hz) which interferes with the use of oral language as the primary form of communication, or has a cochlear implant preceded by a 71 dB hearing loss unaided in the better ear; and

b) requires extensive modifications and specialized educational supports; and

c) has a diagnosis by a clinical or educational audiologist. New approvals require an audiogram within the past 3 years.

If a student has a severe to profound sensorineural hearing loss that has not changed significantly since the initial approval by Alberta Education, documentation from a qualified specialist in the field of deafness outlining the severity of the hearing loss and modifications to the learning environment may be sufficient to support eligibility.

Questions and Answers

What are the main characteristics of a student with a severe to profound hearing loss?

- Hearing loss of 71 dB or more unaided in the better ear over the normal speech range on an audiogram.
- The primary form of communication may be an oral approach and/or sign language (e.g., Signed English and/or American Sign Language).
- Requires extensive modifications and specialized educational supports.

What documentation is required for eligibility?

- An audiogram from an audiologist must be in the student's file. If a student has a severe to profound hearing loss that has not changed significantly, an updated audiogram is not necessary.
- A recent functional assessment from personnel specializing in the field of deaf and hard of hearing, e.g., Regional Educational Consulting Service teams (REACH, CASE, ERECS, RÉSEAU), may be sufficient for programming purposes. A functional assessment report specifies the amount and type of personal assistance, specialized programming, equipment and/or communication access required by the student.

- Hearing level classification equivalents:

Descriptor	**Decibel (dB) range** (how loud a sound must be in order to be heard)
Normal hearing for children	0-15 dB
Minimal loss	16-25 dB
Mild loss	26-40 dB
Moderate loss	41-55 dB
Moderate-severe loss	56-70 dB
Severe loss	71-90 dB
Profound loss	90 + dB

What other supporting documentation relevant to the student's disabling condition and programming requirements may be included with the student package?

- Additional reports from hearing specialists, speech-language therapists, or other professionals working with the student
- Current relevant medical reports
- Any documentation, including anecdotal records, reflecting the student's needs in the learning environment.

For additional information, please refer to the case study on pages 65 to 78.

Case Study — Lukina

Background information, description of severe disabling condition(s)	• Lukina is a nine-year-old girl in a regular Grade 4 classroom. • Lukina has a congenital severe sloping to profound, binaural (involving both ears) sensorineural hearing loss, diagnosed at age 16 months by Rob Ring, audiologist, in September 2004. There has been no significant change in Lukina's hearing. • Shortly after diagnosis, Lukina began speech therapy. It was discontinued at the end of last school year. • Beginning when she was about 3 years old, Lukina attended a preschool designated for children with hearing loss. Her parents choose an oral/aural approach in combination with sign language as the mode of communication. • Lukina's articulation is difficult to understand but intelligible to those who know her. • Assessments by S. Town, RECS hearing consultant, confirmed academic, language and sign language skills delays. She provided programming recommendations in May 2011. • Lukina continues to use a combination of oral and sign language as her primary mode of communication at home and at school.
Current supports/services in place	• Lukina's teacher has access to an educational audiologist and education consultant for deaf and hard of hearing to support Lukina's educational programming. • The RECS consultant for deaf and hard of hearing supports Lukina in her school program and assists the teacher and other staff in the development and implementation of her IPP. • Lukina's learning environment and presentation of materials are modified and/or adapted to address her communication and academic needs. • Lukina is supported throughout the day by a qualified sign language interpreter, including recess and lunch breaks. • Lukina has access to a computer for additional literacy/communication support.

Individualized Program Plan	• Lukina's IPP was developed with the learning team, which consists of her parents, teacher(s), consultant for deaf and hard of hearing, and school administrator. • Measurable goals are identified to address Lukina's language, communication, literacy and social/emotional needs. The IPP identifies assessment data, current level of performance and achievement, her strengths, needs, procedures for evaluating student progress, coordinated supports, teaching/classroom adaptations including additional program supports, transition plans and year-end summary.

Alberta
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Student Monitoring Form Severe Disabilities Funding 2012/2013

New ☒ **Renewal** ☐

PLEASE CHECK CODE

- ☐ **41 Severe Cognitive**
- ☐ **42 Severe Emotional/Behavioural**
- ☐ **43 Severe Multiple**
- ☐ **44 Severe Physical or Medical, including Autism**
- ☒ **45 Deafness**
- ☐ **46 Blindness**

School Authority Vista Authority

School South School

Student Name Lukina

Alberta Student Number (ASN) xxxxxxxxx

Birth date (yyyy/mm/dd) 2003/05/23 **Grade** 4

Placement (describe) Grade 4 class

1. **Supporting Documentation from the appropriate professionals (please attach copies, plus copies of any additional recent assessment information)**

a. Diagnosis	**Year**	**Professional Conducting Assessment**
Congenital severe sloping to profound binaural	2004	Rob Ring, audiologist
b. Functional Assessment	**Year**	**Professional Conducting Assessment**
Confirm loss, hearing functioning	2012	S. Town, hearing consultant

2\.

a. **The student requires which of the following in the learning environment because of his/her disabilities?**

- ☐ adapted/alternate materials
- ☐ modified instructional focus
- ☒ adjusted instructional level
- ☒ alternate communication
- ☐ specialized facility/furniture
- ☐ other
- ☒ increased supervision/assistance
- ☐ medical/personal care
- ☐ mobility/motor development
- ☐ ongoing or emergency medical plan (attach copy)
- ☐ behaviour plan (attach copy)

b. **Submit a one-page summary of school functioning.**

3. **Services provided in accordance with the *Funding Manual for School Authorities 2012-2013 School Year.* Identify three or more of the following supports from (a) to (e) that are being provided to the student**

a. **Frequent specialized one-on one intervention provided during 2012/2013**

Intervention	hours per day	staff:student ratio
specialized setting with teacher		
small group work with teacher	1	1:4
teacher assistant		
interpreter	6	1:1
other		

b. **Specialized equipment and/or assistive devices provided during 2012/2013**

- ☐ communication devices
- ☐ assistive technology/devices
- ☒ personal FM system
- ☐ other (specify)
- ☐ specialized furniture
- ☒ specialized software
- ☐ specialized equipment

c. **Assistance with personal care/health-related interventions provided by school staff during 2012/2013:**

- ☐ assistance with personal hygiene
- ☐ catheterization
- ☐ g-tube feeding
- ☐ other feeding program
- ☐ administration of medication
- ☐ Other (specify)
- ☐ lifts and transfers
- ☐ respiratory therapy
- ☐ management of equipment
- ☐ oxygen administration
- ☐ mobility training (walker, wheelchair)

d. **Frequent documentation of behavioural and/or medical status during 20012/2013 through anecdotal records, checklists and/or medical logs (submit summary of behaviour status):**

	Hourly	Daily	Weekly	Monthly
Behaviour is monitored				
Medical condition is monitored				

e. **Direct support services for the student at a cost to the system provided during 2012/2013** (note: regularly scheduled services means the service must be provided to the student **5 or more hours** per year)

- ☐ assistive technology consultant
- ☒ audiologist
- ☐ behaviour specialist
- ☒ hearing consultant
- ☐ itinerant teacher
- ☐ nursing services
- ☐ occupational therapist
- ☐ orientation and mobility specialist
- ☐ other (specify)
- ☐ physical therapist
- ☐ registered psychologist
- ☐ school liaison worker
- ☒ school/guidance counsellor
- ☐ social worker
- ☒ special education consultant/lead teacher
- ☐ speech language pathologist
- ☐ vision consultant

4. DECLARATION

Relevant assessment documentation to support the claim is available, at least three of five supports listed in 3 a-3e are in place, a current IPP is included in the student's file, and the student meets the 2012/2013 severe disabilities coding criteria.

Sept 28, 2012
Date

M. Simpson
Signature of school authority designate

Summary of School Functioning

Student: Lukina **Date:** October 8, 2012
Grade: 4 **School:** South School **Teacher:** A. Parsons

- Lukina has a congenital severe sloping to profound binaural (involving both ears) sensory neural hearing loss. There has been no significant change in her hearing since infancy. She participated in speech therapy for 7 years, but it was discontinued at the end of the last school year. Lukina's articulation is difficult to understand but intelligible to those who know her well. She uses a combination of oral and sign language as her primary mode of communication at home and at school, and uses a personal FM system. Lukina is supported in the classroom and during recess and lunch breaks by a qualified sign language interpreter.

- Lukina is a friendly and outgoing child who enjoys playing sports and hands-on activities. She is willing to try new things. She is performing at grade level in mathematics but needs to develop English literacy skills, sign language vocabulary and keyboarding skills to increase her academic and communication skills. The majority of Lukina's individualized language arts instruction and assignments are done on the computer, with the use of specialized software.

- Lukina tends to be distractible. Since virtually all of Lukina's information is gained through visual means, it is important to increase her ability to focus her attention. Her seating has been adjusted to ensure a clear line of vision to the speaker and/or interpreter. She is given prompts when her attention waivers either during a presentation or during independent assignments.

- As she is fully integrated, the specialists are recommending the parents access opportunities for Lukina to interact with other signing deaf students, as communicating through an interpreter tends to reduce spontaneous social communication.

Individualized Program Plan

Student Information

Student: Lukina

Date of Birth: 05/12/2003

Age as of Sept. 1/2012: 9

Parents: Mr. and Mrs. Parent

Date I.P.P. Created: September 2012

Address:

Phone #:

Eligibility Code: 45

Year of School/Grade: 4

Background information: Classroom context

School: South School

I.P.P. Coordinator and Classroom Teacher: A. Parsons

Additional IPP Team Members:
M. Simpson, principal
Mr. & Mrs. Parent, parents
S. Town, RECS consultant for deaf and hard of hearing
J. Panwhar, special education consultant
P. Gaudet, interpreter
D. Jones, school counsellor

Background Information: Parental input and involvement

- Lukina and her family communicate using a combination of speech and sign language. Lukina's parents are very involved with her education and supportive of the school.
- Lukina has support from a trained sign language interpreter (e.g., class activities and communication from staff and students, recess, field trips).
- Results of the September 2012 psycho-educational assessment will assist in the development of Lukina's IPP to ensure that she is presented with materials at the appropriate level and to identify effective strategies.
- Currently, the consultant for the deaf and hard of hearing has recommended that the teacher(s) refer to Book 4 of Alberta Education's Programming for Students with Special Needs Series: Teaching Students Who Are Deaf or Hard of Hearing for strategies and programming considerations. Lukina's learning team developed the IPP.
- The school counsellor meets with Lukina to discuss her self-image, self-esteem and self-confidence.

Strengths

- enjoys playing sports
- supportive family
- math computation
- willingness to try new things
- enjoys hands-on activities
- friendly and outgoing

Areas of Need

- sign language vocabulary (expressive and receptive) and fluency skills
- communication repair skills
- keyboarding skills
- English literacy skills
- focusing her visual attention where/when needed
- greater independence in completing all academic assignments

Medical Conditions that Impact Schooling	**Coordinated Support Services**
Congenital severe sloping to profound sensorineural binaural hearing loss; no auditory access to oral information	• S. Town, RECS consultant for deaf and hard of hearing • J. Panwhar, special ed. consultant • P. Gaudet, interpreter • D. Jones, school counsellor • T. Smith, technology/computer software consultant

Assessment Data (Specialized Assessment Results)

Date	Test	Results
September 2011	• P. Roberts, C. Psych., is scheduled to administer a formal psycho-educational assessment, including cognitive functioning, to Lukina	

Current Level of Performance and Achievement	**Year-end Summary**
September 2012 Achieving below grade level on teacher-made tests April 2010 Test of Written Language-3rd Edition (TOWL-3) • well below average on all subtests March 2011 Gates-McGinitie Reading Comprehension Test • 20th percentile October 2009 Raven's Standard Progressive (RSP) Matrices • high average range (non-verbal) June 2009 Kaufman Brief Intelligence Test (K-Bit) • below average (verbal)	**June**

Goal # 1

Long-term Goal: Lukina will increase her receptive and expressive sign language vocabulary and subject area concepts at the level of her ability, with increased clarity of hand movements.

Short-term Objectives	Assessment Procedures	Progress Review
For each unit/theme for all subject areas, Lukina will learn a minimum of 15 new vocabulary words in sign, both receptive and expressive, with 100% accuracy at the end of each unit/theme.	• teacher-prepared formal and informal assessment and records • interpreter's observations regarding clarity of sign (hand movements) for others' understanding	• At the completion of each unit/ theme for all subject areas.
Lukina will preview and review concepts in both written and signed form with her interpreter under the guidance of each subject teacher to raise her average in each subject area by at least 3% each reporting period.	• teacher and interpreter observations and records • formal and informal assessments of subject content	• November • March • June
During social activities with deaf children and others who are learning to sign, Lukina will spontaneously engage in and respond positively to others' signed communication at least 80% of the time by the end of June.	• teacher and interpreter observations and documentation	• November • March • June

Accommodations and strategies to support objectives

- Lukina receives pre-teaching and review of written and signed vocabulary when new content is introduced.
- The teacher and the interpreter must pre-determine which words will be included when Lukina has oral spelling tests so signs (not fingerspellling) are used, and if she is required define vocabulary, the interpreter uses signs that do not identify the concept/meaning.

Goal # 2

Long-term Goal: Lukina will learn and utilize effective and age-appropriate communication repair strategies.

Short-term Objectives	Assessment Procedures	Progress Review
By the end of June, with no prompting, Lukina will effectively use at least three effective communication repair strategies in 75% of the opportunities.	• observation and documentation by the interpreter, teacher and consultant for deaf and hard of hearing	• weekly
By June, Lukina will appropriately indicate when she needs communication rescue from the interpreter, after making at least two independent attempts to repair the communication breakdown in 85% of the opportunities.	• observation and documentation by the interpreter and consultant for deaf and hard of hearing	• weekly

Accommodations and strategies to support objectives

Goal # 3

Long-term Goal: Lukina will improve her ability to focus his visual attention appropriately.

Short-term Objectives	Assessment Procedures	Progress Review
By mid-June, Lukina will independently refocus her visual attention appropriately with no more than two prompts in at least 75% of the situations.	• teacher, hearing consultant and interpreter observations and documentation	• daily
By mid-June, Lukina will ignore visual distractions, after a brief visual check, 75% of the time.	• teacher, hearing consultant and interpreter observations and documentation	• daily

Accommodations and strategies to support objectives

- Lukina's seating is adjusted to ensure a clear line of vision to the speaker and/or interpreter who will stand or sit near to the speaker. This allows Lukina greater opportunity to see the facial expressions of the speaker as well as understand the oral communication. Ensure that the light source is on the face of the speaker and that Lukina's back is to the light source.
- The speaker provides pause time in oral communication when Lukina is required to read or observe a model/activity and then continues talking when Lukina resumes visual contact with the speaker. She cannot look at the activity/book, speaker and interpreter at the same time.

Goal # 4

Long-term Goal: Lukina will improve her English literacy skills.

Short-term Objectives	Assessment Procedures	Progress Review
Lukina will read stories with 80% comprehension at mid-Grade 2 level by March	• comprehension activities from the classroom reading series	• weekly
By June, Lukina will write an average of one creative writing story each week with an 80% accuracy using conventions and sentence structure at the early Grade 2 level.	• teacher formal and informal assessment • TOWL-3	• weekly

Accommodations and strategies to support objectives

- Much of Lukina's individualized language arts instruction, assignments and extra practice can be done with computer software support.
- A home-reading program with the parents will be implemented.
- Lukina will have access to a computer for academic support and communication support when applicable.

Goal # 5

Long-term Goal: Lukina will demonstrate greater independence in starting and completing academic assignments.

Short-term Objectives	Assessment Procedures	Progress Review
By December, Lukina will begin her work within two minutes of being instructed to begin with no prompts 50% of the time.	• teacher and interpreter observation and documentation	• daily
By June, Lukina will work independently at the appropriate assignment for at least 10 minutes before requesting help, 75% of the time.	• teacher and interpreter observation and documentation	• daily

Accommodations and strategies to support objectives

- Use of captioned videos when available.

Planning for Transition
• In June, the Grade 5 teacher(s) will meet with the Grade 4 teacher(s), parents, interpreter, consultant for deaf and hard of hearing, and educational audiologist to provide information regarding Lukina's programming, accommodations and progress. Identify the learning team and each member's role for Grade 5. • The Grade 5 teacher, the consultant for deaf and hard of hearing, and the educational audiologist will determine a tentative schedule of visits for the following year. • The FM system is checked by the audiologist and sent for maintenance if necessary. • Provide parents with contacts and organizations which may allow interaction with other signing deaf students as well as signing deaf adult role models.
Additional Information
Signatures
I understand and agree with the information contained in this Individualized Program Plan.

______________________________ Parents	Date
______________________________ IPP Coordinator/Teacher	Date
______________________________ Principal	Date

Blindness (Code 46)

Special Education Coding Criteria

A funded student with severe vision impairment is one who:

a) has corrected vision so limited that it is inadequate for most or all instructional situations, and information must be presented through other means; and

b) has visual acuity ranging from 6/60 (20/200) in the better eye after correction, to having no usable vision or field of vision reduced to an angle of 20 degrees.

If a student has a severe to profound visual impairment that has not changed significantly since the initial approval by Alberta Education, documentation from a qualified specialist in the field of vision outlining the severity of the disability and modifications to the learning environment may be sufficient to support eligibility.

For those students who may be difficult to assess (e.g., cortical blindness – developmentally delayed), a functional visual assessment by a qualified specialist in the field of vision or a medical professional may be sufficient to support eligibility.

Questions and Answers

What are the main characteristics of a student with a severe visual disability?

- In order to participate fully within the educational environment, students who are blind or visually impaired require instruction in disability-specific skills. These include:
  - compensatory academic skills, including braille or alternate format materials such as large print or audio tape
  - orientation and mobility
  - social interaction skills
  - assistive technology such as screen readers
  - independent living or personal management skills
  - visual efficiency skills
  - recreation, leisure, career and life management skills.

What documentation is required for eligibility?

- Reports or results from a medical doctor, ophthalmologist, specialized teachers or other medical professionals specializing in the field, which document the severity of the disability, must be in the student's file.

What other supporting documentation relevant to the student's disabling condition and programming requirements may be included with the student package for monitoring by Alberta Education?

- Additional reports from specialized teachers, orientation and mobility specialists or other professionals working with the student
- Current relevant medical reports
- Any documentation, including anecdotal information, which reflects the student's needs in the learning environment.

For additional information, please refer to the case study on pages 80 to 90.

Case Study — Shannon

Background information, description of severe disabling condition(s)	• Shannon is a nine-year-old Grade 4 student. • She was diagnosed at age 2 in June 2004, with ocular albinism and nystagmus (involuntary movement of the eyes) by Dr. Lee, ophthalmologist. • Visual acuity was recorded at that time as 6/60 in each eye. This is consistent with the definition of legal blindness. • Shannon is of above average intelligence. • An updated functional assessment in March 2009 by Tom Brown, specialized teacher, includes programming recommendations.
Current supports/services in place	• Consultation services for the visually impaired are provided on a bi-monthly basis. • Shannon is provided with braille and tactile modifications, preferred seating and the use of assistive technology that includes magnification devices. • Shannon receives orientation and mobility instruction bi-monthly from a qualified orientation and mobility instructor. • Shannon is supported by a full-time teacher assistant whose primary responsibilities include: – ensuring that all visual materials presented within the classroom environment are available to Shannon in an alternate format – providing one-to-one assistance in the follow-up of braille instruction, including nemeth code – providing follow-up and support for orientation and mobility needs – providing support in the use of assistive technology.
Individualized Program Plan	• Shannon's IPP was developed in consultation with her learning team, which includes Shannon, her mother, teacher, specialized teacher, orientation and mobility specialist, and teacher assistant. • The goals of her educational program reflect her needs for the development of specialized skills, including braille, orientation and mobility, and the use of assistive technology. • Shannon's program goals also reflect the need for her to learn skills in the areas of personal grooming and care, social interaction and recreation. • Shannon's primary medium for reading is braille, because of fatigue factors associated with print reading.

Alberta Government

Student Monitoring Form Severe Disabilities Funding 2012/2013

New ☐ **Renewal** ☒

PLEASE CHECK CODE

- ☐ **41 Severe Cognitive**
- ☐ **42 Severe Emotional/Behavioural**
- ☐ **43 Severe Multiple**
- ☐ **44 Severe Physical or Medical, including Autism**
- ☐ **45 Deafness**
- ☒ **46 Blindness**

School Authority XYZ Authority

School Battner School

Student Name Shannon

Alberta Student Number ASN) xxxxxxxxx

Birth date (yyyy/mm/dd) 2003/06/30 **Grade** 4

Placement (describe) Grade 4 classroom

1. **Supporting Documentation from the appropriate professionals (please attach copies, plus copies of any additional recent assessment information)**

a. Diagnosis	**Year**	**Professional Conducting Assessment**
Ocular albinism; visual acuity 6/60 in both eyes after correction; nystagmus	2005	Dr. Lee, Ophthalmologist
b. Functional Assessment	**Year**	**Professional Conducting Assessment**
Functional vision assessment	2011	K. Slone, vision consutant

2\.

a. **The student requires which of the following in the learning environment because of his/her disabilities?**

- ☒ adapted/alternate materials
- ☐ modified instructional focus
- ☐ adjusted instructional level
- ☒ alternate communication
- ☒ specialized facility/furniture
- ☐ other
- ☒ increased supervision/assistance
- ☐ medical/personal care
- ☒ mobility/motor development (O&M training)
- ☐ ongoing or emergency medical plan (attach copy)
- ☐ behaviour plan (attach copy)

b. **Submit a one-page summary of school functioning.**

3. **Services provided in accordance with the *Funding Manual for School Authorities 2012-2013 School Year.* Identify three or more of the following supports from (a) to (e) that are being provided to the student**

   a. **Frequent specialized one-on one intervention provided during 2012/2013**

Intervention	hours per day	staff:student ratio
specialized setting with teacher		
small group work with teacher		
teacher assistant	6	1:1
interpreter		
other – Braille instruction (8 hrs/month)	0.4	1:1

b. Specialized equipment and/or assistive devices provided during 2012/2013

- ☐ communication devices
- ☒ assistive technology/devices
- ☐ personal FM system
- ☐ other (specify) – large print, white cane
- ☒ specialized furniture
- ☐ specialized software
- ☒ specialized equipment (brailler, magnifiers)

c. **Assistance with personal care/health-related interventions provided by school staff during 2012/2013:**

- ☐ assistance with personal hygiene
- ☐ catheterization
- ☐ g-tube feeding
- ☐ other feeding program
- ☐ administration of medication
- ☐ Other (specify)
- ☐ lifts and transfers
- ☐ respiratory therapy
- ☐ management of equipment
- ☐ oxygen administration
- ☐ mobility training (walker, wheelchair)

d. Frequent documentation of behavioural and/or medical status during 20012/2013 through anecdotal records, checklists and/or medical logs (submit summary of behaviour status):

	Hourly	Daily	Weekly	Monthly
Behaviour is monitored				
Medical condition is monitored				

e. **Direct support services for the student at a cost to the system provided during 2012/2013 (**note: regularly scheduled services means the service must be provided to the student **5 or more hours** per year**)**

- ☐ assistive technology consultant
- ☐ audiologist
- ☐ behaviour specialist
- ☐ hearing consultant
- ☐ itinerant teacher
- ☐ nursing services
- ☐ occupational therapist
- ☒ orientation and mobility specialist
- ☐ other (specify)
- ☐ physical therapist
- ☐ registered psychologist
- ☐ school liaison worker
- ☐ school/guidance counsellor
- ☐ social worker
- ☐ special education consultant/lead teacher
- ☐ speech language pathologist
- ☒ vision consultant

4. DECLARATION

Relevant assessment documentation to support the claim is available, at least three of five supports listed in 3 a-3e are in place, a current IPP is included in the student's file, and the student meets the 2012/2013 severe disabilities coding criteria.

October 1, 2012
Date

L. Clark
Signature of school authority designate

Summary of School Functioning

Student: Shannon **Date:** October 4, 2012
Grade: 4 **School:** Battner School **Teacher:** Mrs. Jones

- Shannon is a bright nine year old who is legally blind. She was diagnosed at age 2 with ocular albinism and nystagmus (involuntary eye movements).

- Shannon is functioning at or slightly below grade level, but requires significant supports to do so. She is provided with braille and tactile modifications, preferred seating and the use of assistive technology that includes magnification devices. She is supported by a full-time teacher assistant who ensures that all visual materials presented within the classroom are available to Shannon in an alternate format.

- In addition to regular programming, Shannon requires instruction in specialized skills for the visually impaired. She receives orientation and mobility instruction twice a month from a qualified instructor, with ongoing follow-up and support provided by the teacher assistant. By the end of the school year, it is expected that Shannon will be able to travel independently, safely and efficiently anywhere within the school building. Shannon also receives instruction in braille including the nemeth code for mathematical and scientific notation from the consultant for the visually impaired twice a month. The teacher assistant provides individualized ongoing support for braille instruction, as well as helping Shannon gain independence in the use of assistive technology (including brailler, braille printer, computer, printer, CCTV, monocular, desk magnifier). Because the use of magnified print is tiring, braille use will increase as Shannon progresses through school.

- Shannon's blindness also impacts upon other areas of functioning including personal grooming, social skills and leisure and recreational skills. These are currently being addressed on an informal, as needed basis rather than through formal instruction.

Individualized Program Plan

Student Information

Student: Shannon

Date of Birth: 06/30/2003

Age as of Sept. 1/2012: 9

Parents: Mrs. Parent

Date I.P.P. Created: September 2012

Address:

Phone #:

Eligibility Code: 46

Year of School/Grade: 4

Background information: Classroom context

School: Battner School

I.P.P. Coordinator and Classroom Teacher: Mrs. Jones

Additional IPP Team Members:
Mrs. Parent, mother
Tom Brown, vision consultant
Fred Greene, orientation and mobility specialist
Sally Schaeffer, teacher assistant

Background Information: Parental input and involvement

Strengths

- academically bright
- supportive family
- enthusiastic
- good fine motor skills
- sense of humour
- loves pets

Areas of Need

- braille skills
- visual efficiency skills
- orientation and mobility
- increase independent use of assistive technology (CCTV, magnifier)
- social skills
- personal grooming
- visual efficiency
- leisure and recreation skills

Medical Conditions that Impact Schooling	**Coordinated Support Services**
• Ocular albinism; visual acuity 6/60 in both eyes after correction • Nystagmus	• RECS (Regional Educational consulting Services) – one hour per month • CNIB • MRU

Assessment Data (Specialized Assessment Results)

Date	**Test**	**Results**
May 2009	• TOWL-3	• written language skills at grade level
March 2009	• functional vision assessment – Tom Brown	• see report
	• Peabody Mobility Kit for Blind Students	• see report
	• Assessment for Low Vision for Educational Programs	• see report
September 2008	• Eye report – on file	• visual acuity 6/60 in best eye with correction • nystagmus (varies from mild to severe depending on fatigue, degree of visual challenge and wellness)

Current Level of Performance and Achievement	Year-end Summary
September March 2009 Woodcock Johnson-3 Achievement Battery • Reading Comprehension: approximately one year below grade level • Math computation: at grade level • Math problem solving: approximately one year delay • Overall Language skills within average range for age	**June**

Goal # 1

Long-term Goal: Shannon will master Grade 4 work as measured by classroom tests based on the Programs of Study, while addressing her specific needs through different techniques of accessing print and classroom materials, improving her acquisition of braille, reading and writing skills.

Short-term Objectives	Assessment Procedures	Progress Review
Shannon participates fully in Grade 4 Language Arts using braille. Shannon's braille reading rate will increase by 10 words per minute by December.	• Tom Brown will assess Shannon's braille skills including reading rate in December.	
Shannon will use her braille reading and writing skills to complete 100% of social studies assignments without loss of performance by December.	• Shannon is assessed in social studies using classroom criterion.	

Accommodations and strategies to support objectives

- white cane
- BrailleNote, brailler, braille printer, computer, printer
- CCTV and monocular
- slant board
- desk magnifier

Goal # 2

Long-term Goal: Shannon will use assistive technology commensurate with her abilities to access Grade 4 classroom work.

Short-term Objectives	Assessment Procedures	Progress Review
Shannon will use a monocular, CCTV and desk magnifier to read information from the board and her textbook well enough to complete all Grade 4 math assignments.	• Tom Brown will assess Shannon's monocular, CCTV and organization skills. • Shannon is completing assignments and tests as measured by classroom criterion.	
Shannon will use BrailleNote and computer to complete three assignments per week by December. Her accuracy with assignments will be consistent with her performance on other assignments.	• Tom Brown and teacher determine which assignments Shannon will complete and track this information.	

Accommodations and strategies to support objectives

- BrailleNote, brailler, braille printer, computer, printer
- CCTV and monocular
- slant board
- desk magnifier
- desk to accommodate brailler and CCTV materials
- shelving for braille books, large print materials

Goal # 3

Long-term Goal: Shannon will be able to travel safely and efficiently anywhere within the school building with 100% accuracy by the end of the school year.

Short-term Objectives	Assessment Procedures	Progress Review
Shannon will be able to instruct individuals assisting her with sighted guide by providing correct information regarding techniques by December with 100% accuracy.	• Orientation and mobility specialist will assess Shannon's knowledge of sighted guide and her ability to transfer these skills.	
Shannon will effectively transfer the skills taught by the O & M instructor into her daily routine at school with 80% efficiency by December	• Orientation and mobility specialist will access Shannon's ability to transfer her O & M skills into her daily routine.	

Accommodations and strategies to support objectives

- white cane

Planning for Transition

- Shannon has access to curriculum materials at the same time as her sighted peers.
- Shannon has access to teacher prepared materials at the same time as her classmates.
- Order materials from MRU by April 2013 for the 2013/2014 school year.
- Meet with CNIB in April to determine availability of summer programming opportunities.
- Inform family of CNIB library services so that Shannon has access to reading materials in leisure time.
- Outline orientation and mobility needs for Grade 5 as well as in the home and community.
- Identify members of the learning team for the 2013/2014 school year and outline roles and responsibilities. Determine frequency and level of involvement.
- Ensure that Shannon's furniture requirements are moved into the receiving environment.

Additional Information

Signatures

I understand and agree with the information contained in this Individualized Program Plan.

Parents Date

IPP Coordinator/Teacher Date

Principal Date

Section 3 — Appendices

Appendix A: Student Monitoring Form Severe Disabilities

Appendix B: Sample Chart for Recording Anecdotal Information – Code 42

Appendix C: Sample Individual Behaviour Support Plan

Appendix D: Answers to Commonly Asked Questions

Appendix E: Glossary

Appendix F: Resources

Alberta
Government

Student Monitoring Form Severe Disabilities Funding 2012/2013

New ☐ **Renewal** ☐

PLEASE CHECK CODE

- ☐ **41 Severe Cognitive**
- ☐ **42 Severe Emotional/Behavioural**
- ☐ **43 Severe Multiple**
- ☐ **44 Severe Physical or Medical, including Autism**
- ☐ **45 Deafness**
- ☐ **46 Blindness**

School Authority

School

Student Name

Alberta Student Number (ASN)

Birth date (yyyy/mm/dd) **Grade**

Placement (describe)

1. **Supporting Documentation from the appropriate professionals (please attach copies, plus copies of any additional recent assessment information)**

a. Diagnosis	**Year**	**Professional Conducting Assessment**
b. Functional Assessment	**Year**	**Professional Conducting Assessment**

2.

a. **The student requires which of the following in the learning environment because of his/her disabilities?**

- ☐ adapted/alternate materials
- ☐ modified instructional focus
- ☐ adjusted instructional level
- ☐ alternate communication
- ☐ specialized facility/furniture
- ☐ other
- ☐ increased supervision/assistance
- ☐ medical/personal care
- ☐ mobility/motor development (O&M training)
- ☐ ongoing or emergency medical plan (attach copy)
- ☐ behaviour plan (attach copy)

b. **Submit a one-page summary of school functioning.**

3. **Services provided in accordance with the *Funding Manual for School Authorities 2012-2013 School Year.* Identify three or more of the following supports from (a) to (e) that are being provided to the student**

a. **Frequent specialized one-on one intervention provided during 2012/2013**

Intervention	hours per day	staff:student ratio

b. **Specialized equipment and/or assistive devices provided during 2012/2013**

☐ communication devices
☐ assistive technology/devices
☐ personal FM system
☐ other (specify) – large print, white cane

☐ specialized furniture
☐ specialized software
☐ specialized equipment (brailler, magnifiers)

c. **Assistance with personal care/health-related interventions provided by school staff during 2012/2013:**

☐ assistance with personal hygiene
☐ catheterization
☐ g-tube feeding
☐ other feeding program
☐ administration of medication
☐ Other (specify)

☐ lifts and transfers
☐ respiratory therapy
☐ management of equipment
☐ oxygen administration
☐ mobility training (walker, wheelchair)

d. **Frequent documentation of behavioural and/or medical status during 20012/2013 through anecdotal records, checklists and/or medical logs (submit summary of behaviour status):**

	Hourly	Daily	Weekly	Monthly

e. **Direct support services for the student at a cost to the system provided during 2012/2013 (**note: regularly scheduled services means the service must be provided to the student **5 or more hours** per year**)**

☐ assistive technology consultant
☐ audiologist
☐ behaviour specialist
☐ hearing consultant
☐ itinerant teacher
☐ nursing services
☐ occupational therapist
☐ orientation and mobility specialist
☐ other (specify)

☐ physical therapist
☐ registered psychologist
☐ school liaison worker
☐ school/guidance counsellor
☐ social worker
☐ special education consultant/lead teacher
☐ speech language pathologist
☐ vision consultant

4. DECLARATION

Relevant assessment documentation to support the claim is available, at least three of five supports listed in 3 a-3e are in place, a current IPP is included in the student's file, and the student meets the 2012/2013 severe disabilities coding criteria.

Date

Signature of school authority designate

Sample Chart for Recording Anecdotal Information – Code 42

Student:

School:

Grade

Week:

Behaviour	Frequency	Location	Context	Function of Behaviour	Adult Response	Result
What does the student say or do that is problematic? (No judgments or conclusions, just what was observed.)	How many times during the week was each behaviour observed?	Where is each behaviour occurring?	What was the student asked to do? What happened immediately prior to the student engaging in the problematic behaviour?	What was the student trying to get or to avoid?	How did the observing adults respond to the student's behaviour?	Did the student comply or was there further escalation immediately following the adult response? How was the incident resolved?

Teacher's signature ______________________ Date __________

Chart for Recording Anecdotal Information – Code 42

Student:

School:

Grade

Week:

Behaviour	Frequency	Location	Context	Function of Behaviour	Adult Response	Result

Teacher's signature ____________________ Date ________

Individual Behaviour Support Plan

Re:________________________________

Objective of plan

Staff working with ________________________________ will be aware of and committed to using behaviour support procedures to maintain a safe learning environment for ________________________________, other students and staff.

Key understandings about: ____________________ (***Functions of problem behaviour***) ________________________________ ________________________________ ________________________________

Plan

1. Staff working with____________________ will read and sign this plan.

2. Be aware of **antecedent events**. Problem behaviour is most likely to occur when:

   ____

   ____

   ____

   ____

3. Be aware of **warning signs** that problem behaviour may escalate.

   ____

   ____

   ____

   ____

Individual Behaviour Support Plan (cont'd)

4. Immediate **plans to defuse** the situation
    - ________________________________
    - ________________________________
    - ________________________________
    - ________________________________

5. **Positive behaviour supports** throughout the school year
    - ________________________________
    - ________________________________
    - ________________________________
    - ________________________________

6. Help **peers learn** to:
    - ________________________________
    - ________________________________
    - ________________________________
    - ________________________________

7. Staff will provide **additional support** by:
    - ________________________________
    - ________________________________
    - ________________________________
    - ________________________________

Crisis Management Plans. If aggressive or unsafe behaviour occurs in spite of proactive strategies, the school has a plan, with steps to take and staff responses for each level of escalation.

- ________________________________
- ________________________________
- ________________________________

I have read this plan and commit to using these supports when working with________________

Team members' signatures

____________________ ____________________

____________________ ____________________

Date ____________________

Review date ____________________

Answers to Commonly Asked Questions

The following are answers to commonly asked questions and examples of best practices.

Why does Alberta Education need all this information?
Alberta Education reviews documentation to determine if students meet the criteria for severe disabilities funding. Criteria include diagnosis, effect of the diagnosis on the student in a learning environment, identified supports and services in place, and current, implemented IPPs. The results of the documentation review are used to approve severe disability funding for private schools, charter schools and DSEPS.

What is the relationship between the diagnosis and the severity of the disability?
Diagnoses are important in determining whether students have special education needs, but the degree of need is determined by the impact of the conditions on school performance and the extent to which accommodations and supports are required for students to learn and be successful in the classroom. The relationship between a clinical diagnosis and the required level of special education programming and supports is not direct. The level of special education need is determined by an assessment of:

- the number of areas of functioning affected
- the extent to which functioning is affected in each area
- the effect on others
- the amount of support required.

What are "services at a cost to the system"?
Additional costs may be incurred only in cases where the professional is working directly with the student related to their disabilities and/or goals and strategies of the IPP. For example, the school counsellor may work directly with an individual student on anger management, on a regularly scheduled basis to help meet a goal on the student's IPP. Cases where the counsellor is working on career counselling, ensuring that a student's homework book is signed, or working with a class on issues, are not eligible levels of support as these services are available to all students. Do not check services in this section unless they are provided 5 or more hours during the school year.

Does principal/administration time qualify as a level of service?
No.

What if all of the student information is not available at the time of the file review?
Student information, including assessment information and the student's IPP, must be in place for review by Alberta Education so that timely approvals of severe disabilities funding can be made.

Glossary

Accommodations (for classroom programming)	Any changes to instructional strategies, assessment procedures, materials, resources, facilities or equipment.
Adapted programming	Programming that retains the learning outcomes of the Program of Studies and where adjustments to the instructional process are provided to address the special education needs of the student.
Assessment data	Diagnostic assessment data used to determine special education programming and services.
Augmentive communication devices	Technology designed to enhance communication, such as automated communication board; Dynavox; SpeakEasy.
Brailler	A machine used to produce braille—a system of writing and printing for persons with vision loss which uses raised points or dots.
Current documentation	Current documentation refers to assessment data from specialists, including educational assessments; medical/health assessments such as vision, hearing, physical, neurological; speech and language assessments; occupational therapy, physiotherapy, behavioural, psychological or psychiatric assessments. Current assessment data/documentation is generally considered to be data that has been collected within the last two or three years.
Frequency modulation (FM) system	An amplification system that is worn by the student with hearing loss. The speaker/ teacher wears a microphone and the speaker's voice is transmitted to a receiver which is directed into the student's hearing aids.
Functional assessment	Includes both formal (some objective data such as a standardized behavioural checklist) and anecdotal and/or direct observations. In addition to a description of clinically relevant behaviour, the assessment should provide information on the student's functioning in the school environment in such areas as: • social functioning • organization/independent work skills related to both academic and non-academic tasks • life skills • safety and support needs
Individualized program plan (IPP):	A concise plan of action that is designed to address the student's specific special education needs and is based on diagnostic information which provides the basis for intervention strategies, and includes the following essential information: • assessment data • current level of performance and achievement • identification of strengths and areas of need • measurable goals and objectives • procedures for evaluating student progress • identification of coordinated support services (including health-related), if required • relevant medical information • required classroom accommodations (e.g., any changes to instructional strategies, assessment procedures, materials, resources, facilities or equipment) • transition plans • year-end summary.
Itinerant teacher	Teacher specializing in a particular area of disability who provides direct programming support to the student, teacher and staff. Often included as part of the school team and participates in the development of student IPPs.

Modified programming	The learning outcomes are significantly different from the provincial curriculum and are specifically selected to meet students' special education needs.
Sound field amplification system	An amplification system that allows all students to hear equally well no matter where they are located in the classroom. The system consists of a wireless microphone used by a speaker, with the voice being amplified within the room.

Resources

Administration Resources

The following Alberta Education resources are available on the department's website at: www.education.alberta.ca.

Handbook for the Identification and Review of Students with Severe Disabilities 2012/2013
www.education.alberta.ca/admin/special/resources.aspx

Funding Manual for School Authorities 2012-2013 School Year
www.education.alberta.ca/admin/funding/manual.aspx

Requirements for Special Education in Accredited-Funded Private Schools (2006)
www.education.alberta.ca/admin/special/programming/private.aspx

Special Education Coding Criteria 2012/2013
www.education.alberta.ca/admin/special/resources.aspx

Standards for Special Education, Amended June 2004
www.education.alberta.ca/admin/special/resources.aspx

Special Education Programming Resources

The following Alberta Education resources can be purchased from the Learning Resources Centre. For ordering information, visit www.lrc.education.gov.ab.ca or telephone (780) 427-5775, toll-free in Alberta at 310-0000. The books marked with ⅄ are also available in pdf format from www.education.alberta.ca/admin/special/resources.aspx

Building on Success: Helping Students Make Transitions from Year to Year (2006) ⅄
This resource provides practical strategies and sample tools for helping students make successful transitions from one school year to the next. The sample tools can be used to help students, parents and teachers collect, organize and share information about a student's individual strengths, abilities and learning needs. Accompanying CD-ROM contains both Word and pdf versions of sample tools.

The Learning Team: A Handbook for Parents of Children with Special Needs (2003)
This book is for parents of children with special needs. It provides a general overview of how parents can be involved in the education of their children and includes:

- strategies for participating in the child's learning team
- suggestions for parents to enhance and enrich their child's learning at home
- practical information and suggestions for:
    - helping children make successful transitions
    - voicing parent concerns
    - staying informed.

***Essential Components of Educational Programming* series**

The *Essential Components of Educational Programming* series is intended to support appropriate educational programming, as outlined in the *Standards for Special Education, Amended June 2004*. The series has been designed for classroom teachers, resource personnel, administrators and parents.

Four books are available in pdf format at www.education.alberta.ca/admin/special/programming/components.aspx

- *Essential Components of Educational Programming for Students with Autism Spectrum Disorders*
- *Essential Components of Educational Programming for Students with Behaviour Disabilities*
- *Essential Components of Educational Programming for Students Who Are Blind or Visually Impaired*
- *Essential Components of Educational Programming for Students Who Are Deaf or Hard of Hearing*

***Programming for Students with Special Needs* series**

Book 1 — Teaching for Student Differences (1995)
Highlights strategies for differentiating instruction within the regular classroom for students who may be experiencing learning or behavioural difficulties, or who may be gifted and talented. It also describes a process for modifying the regular program and includes forms to assist in teacher planning.

Book 2 — Essential and Supportive Skills for Students with Developmental Disabilities (1995)
Includes developmental checklists for communication skills, gross and fine motor skills, as well as charts and checklists, which provide a continuum of life skills by domain (domestic and family life, personal and social development, leisure/recreation/arts, citizenship and community involvement, career development.

Book 3 — Individualized Program Planning (2006)
This resource describes a process for IPP development and includes strategies for involving parents. It provides information on writing long-term goals and short-term objectives. Forms and checklists are included to assist in planning. Transition planning also is addressed, along with case studies and samples of completed IPPs.

Book 4 — Teaching Students Who Are Deaf or Hard of Hearing (1995)
Includes information on the nature of hearing loss, various communication systems, program planning and teaching strategies. A section on amplification and educational technologies includes hints for troubleshooting hearing aids and FM systems.

Book 5 — Teaching Students with Visual Impairments (1996)
This resource offers basic information to help provide successful school experiences for students who are blind or visually impaired. The book addresses:

- – the nature of visual impairment
- – educational implications

- – specific needs
- – instructional strategies
- – the importance of orientation and mobility instruction
- – the use of technology.

Book 6 — Teaching Students with Learning Disabilities (1996)
This resource provides practical strategies for regular classroom and special education teachers. Section I discusses the conceptual model and applications of the domain model. Section II includes identification and program planning, addressing early identification, assessment, learning styles and long-range planning. Section III contains practical strategies within specific domains including meta-cognitive, information processing, communication, academic and social/adaptive. Section IV addresses other learning difficulties including attention-deficit/hyperactivity disorder and fetal alcohol syndrome/possible prenatal alcohol-related effects. The appendices contain lists of annotated resources, test inventories, support network contacts and black line masters.

Book 7 — Teaching Students Who are Gifted and Talented (2000)
This resource provides practical strategies for regular classroom and special education teachers. Section I addresses administration of programs for the gifted and talented at both the district and school levels. Section II discusses concepts of giftedness, highlighting nine theoretical models. Section III discusses identification of gifted and talented students, developing IPPs, and and involving parents. Section IV discusses giftedness in the visual and performing arts. Section V contains strategies for designing and implementing programs, including curriculum modification. Section VI discusses post-modernism and gifted education. The appendices contain lists of annotated resources, test inventories, support network contacts and black-line masters.

Book 8 — Teaching Students with Emotional Disorders and/or Mental Illnesses (2000)
This resource takes a comprehensive look at six emotional disorders or mental illnesses—eating disorders, anxiety disorders, depression, schizophrenia, oppositional defiant disorder or illness—and presents strategies for teachers, parents and other caregivers to use to assist students.

Book 9 — Teaching Students with Autism Spectrum Disorders (2003)
This resource provides basic knowledge about this spectrum of disabilities, educational programming implications and programming strategies.

Book 10 — Teaching Students with Fetal Alcohol Spectrum Disorder: Building Strengths, Creating Hope (2004)
This resource is a revision and expansion of *Teaching Students with Fetal Alcohol Syndrome and Possible Prenatal Alcohol-related Effects* (1997), a teacher handbook developed by Alberta Education and the Alberta Partnership on Fetal Alcohol Syndrome. It includes key considerations for planning effective education programs and strategies for creating a positive classroom climate, organizing for instruction and responding to students' individual needs.

Supporting Positive Behaviour in Alberta Schools (2008)

This three-part resource provides information, strategies, stories from schools and sample tools for systematically teaching, supporting and reinforcing positive behaviour. This integrated system of school-wide classroom management and individual student support is designed to provide school staff with effective strategies to improve behavioural outcomes in their school. The resource is available in pdf format at www.education.alberta.ca/admin/special/resources/behaviour.aspx

Part 1: *Supporting Positive Behaviour in Alberta Schools: A school-wide approach*
Describes a comprehensive school-wide approach that involves **all** students, **all** staff and **all** school settings.

Part 2: *Supporting Positive Behaviour in Alberta Schools: A classroom approach*
Provides information and strategies for systematically teaching, supporting and reinforcing positive behaviour in the classroom.

Part 3: *Supporting Positive Behaviour in Alberta Schools: An intensive individualized approach*
Provides information and strategies for providing intensive, individualized support and instruction for the small percentage of students requiring this level of intervention and includes samples of behavior collection documents and an individual behaviour support plan.

Individualized Program Planning (2006)

A revision of Book 3 in the *Programming for Students with Special Needs* series, this resource is for ECS to Grade 12. It provides information and sample strategies that teachers can use to develop and implement an effective and student-focused individualized program plan (IPP). It also includes expanded information on the IPP requirements in *Standards for Special Education, Amended June 2004* and *Requirements for Special Education in Accredited-Funded Private Schools*. The resource and related workshop materials are available in pdf format at www.education.alberta.ca/admin/special/resources/ipp.aspx

Chapters:

1. Working Through the IPP Process
2. Encouraging Parent Involvement
3. Supporting Student Participation
4. Creating a Network of Support
5. Using Classroom Assessment to Support the IPP Process
6. Selecting Accommodations and Strategies
7. Making Goals Meaningful, Measurable and Manageable
8. Planning for Transitions
9. Infusing Assistive Technology for Learning into the IPP Process
10. Getting Off to a Good Start in ECS
11. Planning for Students who are Gifted
12. Promising Practices for Junior and Senior High School.

Positive Behaviour Supports: Climbing for Success. An e-learning website for school staff supporting students with FASD and other disabilities. Mount Royal University. www.pbsc.info